

Appeal for Premium Increase - Accident Forgiveness Insurance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the recent increase in my insurance premium associated with my accident forgiveness policy, policy number [Your Policy Number].

While I understand that insurance premiums may be subject to adjustments, I believe that my driving history, including the absence of any accidents for [insert number] years prior to the recent incident, warrants reconsideration. Additionally, I have consistently made on-time premium payments and have maintained a good standing with your company.

I kindly request a review of my circumstances and the factors contributing to this increase. I am dedicated to safe driving practices and would appreciate the continued benefits of my accident forgiveness coverage.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]