

Accident Forgiveness Insurance Application

To: [Insurance Company Name]

Address: [Insurance Company Address]

Date: [Current Date]

Dear [Insurance Representative's Name],

I am writing to formally apply for accident forgiveness insurance for my commercial vehicle(s) under policy number [Your Policy Number]. As a responsible operator of [number of vehicles] commercial vehicles, I understand the importance of maintaining a good driving record, and I am committed to enhancing my approach to safety on the road.

Unfortunately, I recently experienced an accident on [date of accident], which has prompted me to seek coverage that will allow me to forgive this incident and avoid any negative impact on my insurance premium. This accident was due to [brief explanation of the circumstances], and I have taken the necessary steps to prevent such an occurrence in the future.

I kindly ask you to consider my application for accident forgiveness. I appreciate your understanding and would be grateful for any assistance you can provide in this matter.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Company Name]

[Your Contact Information]

[Your Address]