

# Accident Forgiveness Insurance Application

Date: [Insert Date]

Customer Name: [Insert Customer's Name]

Policy Number: [Insert Policy Number]

Address: [Insert Customer's Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Insurance Company Name] Customer Service,

I am writing to formally request the application for the accident forgiveness feature on my existing insurance policy. As a loyal customer for the past [Insert Number of Years] years, I appreciate the coverage and service provided by [Insurance Company Name].

My policy number is [Insert Policy Number]. I have maintained a clean driving record and have not filed any claims in the past [Insert Number of Years] years. I believe that applying for accident forgiveness will bring additional peace of mind and enhance my overall coverage.

Enclosed are any necessary documents to support my application. Please let me know if you require any further information or documentation to process my request.

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

Sincerely,

[Your Name]

[Your Contact Information]