

Accident Forgiveness Insurance Application

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 Name],

I am writing to formally apply for accident forgiveness insurance coverage as a high-risk driver. I understand that my driving history may present challenges, but I believe that with your assistance, I can manage and improve my situation.

My current auto insurance policy number is [Insert Policy Number]. I have been a policyholder with your company since [Insert Start Date], and I value the services you have provided thus far.

As a responsible driver, I am committed to maintaining safe driving practices. However, due to [briefly explain circumstances leading to high-risk status, e.g., past accidents or violations], I am applying for this special consideration to ease the financial burden in case of future incidents.

I have taken steps to improve my driving habits, including [mention any driving courses or measures taken to improve safety]. I believe these efforts demonstrate my commitment to being a safe driver.

Thank you for considering my application for accident forgiveness insurance. I look forward to your positive response and am happy to provide any further information you may require.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]