

Accident Forgiveness Insurance Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Application for Accident Forgiveness Insurance

Dear [Insurance Representative's Name],

I am writing to apply for accident forgiveness coverage for my multi-vehicle policy under [Policy Number]. As a responsible driver with a commitment to safety, I wish to ensure that my driving record is protected in the event of an unforeseen accident.

Details of my vehicles insured under this policy:

- Vehicle 1: [Make, Model, Year, VIN]
- Vehicle 2: [Make, Model, Year, VIN]
- Vehicle 3: [Make, Model, Year, VIN]

I have maintained a clean driving record for the past [number] years and have adhered to all the terms of my current insurance policy. I believe that adding accident forgiveness coverage will provide additional peace of mind for my family and me.

Thank you for considering my application. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]