

# Accident Forgiveness Insurance Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to apply for accident forgiveness insurance as a new policyholder with [Insurance Company Name]. I understand that this coverage offers valuable protection by preventing my first accident from impacting my premium rates.

Here is my information for your review:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Policy Number: [Your Policy Number]
- Vehicle Information: [Make, Model, Year]
- Driving History: [Brief Summary of Driving Record]

I have attached the required documentation, including my driver's license copy and proof of current vehicle insurance. I appreciate your consideration of my application and look forward to your response.

Thank you for your time and assistance.

Sincerely,

[Your Name]