

# Accident Forgiveness Insurance Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Claims/Customer Service Representative's Name],

I am writing to formally request the application of accident forgiveness on my current insurance policy, [Policy Number], with [Insurance Company Name]. As a loyal customer, I have consistently maintained my policy and would like to retain my loyalty discounts despite my recent accident on [Date of Accident].

Having been a policyholder for [Number of Years] years, I believe my record demonstrates my commitment to responsible driving. I understand that accidents can happen, but I am hopeful that my history with your company can warrant the forgiveness of this incident.

Thank you for considering my request. I look forward to your prompt response regarding the accident forgiveness and the retention of my loyalty discounts.

Sincerely,

[Your Name]