

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 Agent's Name],

I am writing to apply for accident forgiveness insurance. As a young driver, I understand the importance of maintaining a clean driving record, and I believe that your accident forgiveness program would greatly benefit me.

Here are my details:

- Name: [Your Full Name]
- Date of Birth: [MM/DD/YYYY]
- Driver's License Number: [Your License Number]
- Current Insurance Provider: [Your Current Insurance Provider]
- Policy Number: [Your Policy Number]

I have recently completed [mention any driving courses or safe driving programs], which have improved my skills and awareness on the road. I believe that this insurance coverage would provide an added layer of security as I continue to develop my driving skills.

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

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]