

Application for Short-Term Insurance Extension

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name

Company Address
City, State, Zip Code

Dear [Insurance Manager's Name],

I am writing to formally request an extension of my short-term insurance policy, **[Policy Number]**, which is currently set to expire on **[Expiration Date]**.

Due to **[briefly explain reason for extension request]**, I would greatly appreciate your consideration in granting me an extension. I believe this will allow me to manage my coverage effectively without any lapses.

Please let me know if you require any additional information or documentation to facilitate this request. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]