

# Notification of Need for Policy Coverage Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you of the need for an extension of coverage under my existing policy [Policy Number] due to [brief explanation of the reason for extension].

Given the circumstances, I believe it is essential to extend the coverage to ensure continuous protection. I kindly request that you review my policy and advise on the necessary steps to proceed with this extension.

Please feel free to reach me at [Your Phone Number] or [Your Email Address] for any further information you may require.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]