

# Request for Extended Coverage on Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request an extension of coverage on my current insurance policy, [Policy Number], which is due to expire on [Expiration Date].

As my circumstances have changed, I believe that extended coverage will provide me with the necessary protection and peace of mind. I would appreciate if you could provide me with the options available for extending my coverage, including any associated costs and adjustments to the policy terms.

Thank you for your attention to this matter. I look forward to your prompt response so that we can ensure continuous coverage.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]