

Request for Coverage Period Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an extension of the coverage period for [specify the policy or coverage type] that is currently set to expire on [insert expiration date].

Due to [briefly explain the reason for the request], I believe that extending the coverage period would be beneficial. I kindly ask to extend the coverage until [insert desired extension date].

Thank you for considering my request. I am looking forward to your positive response.

Sincerely,

[Your Name]