

Coverage Timeframe Amendment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[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 amendment to the coverage timeframe specified in my current policy [Policy Number]. Due to [briefly explain the reason for the request], I kindly ask for a review and adjustment of the coverage period.

I believe this amendment will better suit my needs and ensure adequate protection during the specified timeline. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]