

Insurance Payment Extension Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Agent's Name or Customer Service],

I hope this message finds you well. I am writing to formally request an extension on my upcoming insurance payment due to unforeseen financial hardship. My policy number is [Your Policy Number].

Due to [briefly explain your financial situation, e.g., job loss, medical expenses], I am currently unable to make my scheduled payment of [amount due] that is due on [due date].

I kindly ask for your understanding and assistance in granting me an extension of [number of days/weeks] to make this payment. I believe that with this additional time, I will be able to settle the amount without further issues.

Thank you for considering my request. I appreciate your support during this difficult time, and I hope to resolve this matter soon. Please let me know if there are any forms or additional information required to process my request.

Sincerely,

[Your Signature if sending by mail]

[Your Printed Name]