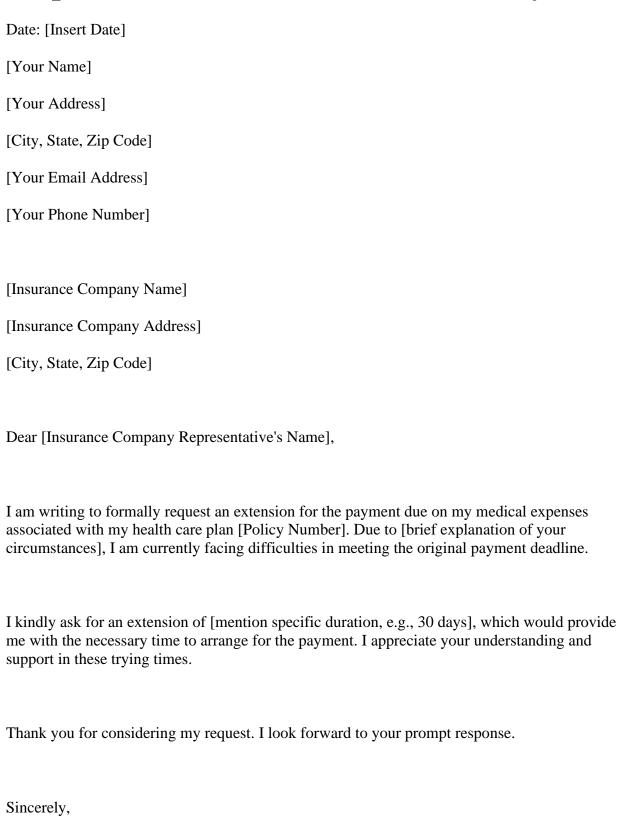
## **Request for Extension of Insurance Payment**



[Your Name]