

# Insurance Payment Extension Request

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Extension on Insurance Payment

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request an extension for my upcoming insurance payment due on [Insert Due Date] for my policy number [Insert Policy Number].

Due to [briefly explain personal circumstance, e.g., "unexpected medical expenses", "temporary loss of income", etc.], I am currently facing financial difficulties that make it challenging to meet the payment deadline. I would greatly appreciate your understanding and assistance in this matter.

I kindly ask for an extension of [Insert number of days/weeks] to allow me to arrange my finances accordingly. I assure you that I am committed to maintaining my policy and will make the payment at the earliest opportunity.

Thank you for considering my request. Please let me know if there are any forms I should complete or further information I need to provide.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]