Request for Insurance Payment Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I hope this message finds you well. I am writing to formally request an extension on my insurance payment due to unforeseen financial circumstances that have recently arisen.

As a policyholder, I have always strived to maintain my payments on time. However, due to [briefly explain unexpected expenses, e.g., medical bills, job loss], I am currently facing unexpected financial challenges.

I kindly request an extension of [specific time period, e.g., 30 days] on my upcoming insurance payment originally due on [original due date]. This extension will allow me the necessary time to manage my finances effectively and ensure that I can continue to uphold my responsibilities as a policyholder.

I appreciate your understanding and consideration of my request. If you need any further information or documentation to support my request, please let me know.

Thank you for your attention to this matter. I look forward to your positive response.

Sincerely,

[Your Name]