

Insurance Coverage Extension Request

Date: [Insert Date]

To: [Insurance Company Name]

Attn: [Claims Department/Agent Name]

[Insurance Company Address]

City, State, Zip Code

Dear [Agent's Name or Title],

I hope this letter finds you well. I am writing to formally request an extension of coverage for my personal insurance policy, [Policy Number], which is set to expire on [Expiration Date].

Due to [reason for request, e.g., "an ongoing project that requires additional coverage" or "recent changes in my circumstances"], I believe it is essential to extend my coverage to avoid any potential gaps in protection.

I would appreciate your guidance on the necessary steps to process this request. Should you require any documentation or further information to support my application, please let me know, and I will provide it promptly.

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

Sincerely,

[Your Name]

[Your Address]

City, State, Zip Code

Phone Number: [Your Phone Number]

Email: [Your Email Address]