

Liability Insurance Coverage Extension

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name],

I hope this correspondence finds you well. I am writing to request an extension of my liability insurance coverage under policy number [Policy Number], which is set to expire on [Expiration Date].

As my business has grown and circumstances have changed, I believe it is essential to maintain adequate coverage to protect my interests and comply with any contractual obligations.

I would appreciate your guidance on the process for extending my coverage, including any specific information or documentation you require from my end. Please let me know if there are any changes in premium rates or terms I should be aware of.

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

Sincerely,

[Your Name]

[Your Title/Position, if applicable]