

Renters Insurance Coverage Extension Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Insurance Company's Name/Claims Adjuster],

I am writing to formally appeal the decision regarding my application for an extension of my renters insurance coverage, policy number [Insert Policy Number].

Due to [briefly explain your reasons for needing an extension, e.g., unforeseen circumstances, financial difficulties, etc.], I believe that extending my coverage is both necessary and justified.

I kindly request that you review my situation and reconsider my appeal for an extension of my insurance coverage until [proposed end date]. I have been a loyal customer and have always made my payments on time.

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

Sincerely,

[Your Name]