

Request for Extension of Premium Grace Period

[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 Company Representative's Name],

I hope this message finds you well. I am writing to formally request an extension of the grace period for my insurance premium payment for policy number [Your Policy Number]. Due to [brief explanation of your circumstances, e.g., unexpected financial difficulties, medical emergencies], I am unable to make the payment by the original due date.

I truly value the coverage and support your company provides, and I am committed to maintaining my policy. I kindly ask for your understanding and consideration in granting me a grace period extension of [number of days/weeks requested]. This additional time will greatly assist me in fulfilling my payment obligations.

Thank you for considering my request. I appreciate your attention to this matter and look forward to your positive response. Please feel free to contact me at your convenience should you require any further information.

Sincerely,

[Your Name]