

Application for Leniency in Insurance Premium Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[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 leniency regarding my upcoming insurance premium payment due on [Insert Due Date] for my policy number [Insert Policy Number].

Unfortunately, due to [briefly explain your situation, e.g., unforeseen financial difficulties, medical emergencies], I am currently facing challenges in meeting my financial obligations. I kindly ask for your understanding and consideration to grant me a temporary leniency period of [insert duration] so that I can fulfill my payment obligations without imposing further financial strain.

I appreciate your attention to this matter and hope for a favorable response. Please let me know if you require any additional information or documentation in support of my request.

Thank you for considering my application.

Sincerely,

[Your Name]