

Confirmation of Insurance Premium Grace Period

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm that you have been granted a grace period for your insurance premium payment. The details are as follows:

Policy Number: [Insert Policy Number]

Original Due Date: [Insert Original Due Date]

New Due Date: [Insert New Due Date]

Please ensure that the premium is paid by the new due date to maintain your coverage.

If you have any questions or need further assistance, feel free to contact us at [Insurance Company Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]