

Request for Extension of Insurance Premium Grace Period

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 am writing to formally request an extension of the grace period for my insurance premium payment for policy number [Your Policy Number]. Due to [briefly explain your reason, e.g., unforeseen circumstances or financial difficulties], I am currently unable to make the payment by the deadline.

I kindly ask for an extension of [number of days/weeks you're requesting] to allow me to gather the necessary funds and maintain my coverage. I value my relationship with [Insurance Company Name] and want to ensure that my policy remains active.

Thank you for considering my request. I look forward to your positive response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Sincerely,

[Your Name]