Insurance Premium Payment Schedule

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 [Insurance Company Representative],

I am writing to confirm the payment schedule for the insurance premium during the grace period for my policy number [Insert Policy Number]. As per our agreement, the grace period for premium payment extends from [Start Date] to [End Date].

Below is the stipulated payment schedule:

- 1st Payment: [Amount] - Due by [Date]
- 2nd Payment: [Amount] - Due by [Date]
- Final Payment: [Amount] - Due by [Date]

Thank you for your assistance in this matter. I appreciate your support and look forward to your confirmation of this payment schedule.

Sincerely,

[Your Name]