

Application for Accident Forgiveness Insurance Plan

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's Name],

I am writing to formally apply for the Accident Forgiveness Insurance Plan provided by your esteemed company. After reviewing my current auto insurance policy, I believe that the accident forgiveness option will greatly benefit my coverage and ensure continued protection for my vehicle.

As a responsible driver with a clean record, I understand the importance of maintaining safe driving habits. However, I recognize that accidents can occur unexpectedly. Therefore, I would like to take advantage of this plan to protect myself from premium increases due to any future incidents.

Enclosed with this letter are the necessary documents, including my current insurance policy details, a copy of my driving record, and any additional information required for this application.

Thank you for considering my application. I look forward to your positive response and hope to enhance my coverage with your Accident Forgiveness Insurance Plan.

Sincerely,

[Your Name]