

Letter of Interest in Accident Forgiveness Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact or Customer Service],

I hope this message finds you well. I am writing to inquire about the accident forgiveness policy offered by [Insurance Company Name].

As a valued customer of your insurance services, I am interested in understanding how the accident forgiveness policy works, along with the eligibility criteria, coverage details, and any potential costs associated with it. I believe this policy could be beneficial for my current insurance plan.

Thank you in advance for your assistance. I look forward to your prompt response and any brochures or documentation you can provide regarding the accident forgiveness policy.

Sincerely,

[Your Name]