

# Request for Information on Accident Forgiveness Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to request more information regarding the accident forgiveness coverage offered by [Insurance Company Name]. As a current policyholder, I am interested in understanding the details of this coverage, including its eligibility criteria, how it may impact my premium, and any related conditions that I should be aware of.

Additionally, I would appreciate details on how this coverage applies in the event of an accident. Specifically, I am interested in understanding if this coverage is available for all types of accidents or if there are exclusions I should consider.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]