

Letter of Premium Payment Deadline Extension

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]

Subject: Request for Extension on Premium Payment Deadline

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request an extension on the payment deadline for my insurance premium for policy number [Insert Policy Number]. Due to [briefly explain the reason for the request, e.g., financial difficulties, unforeseen circumstances], I am unable to make the payment by the original due date of [Insert Original Due Date].

I kindly ask for a [number of days/weeks] extension to allow me some additional time to arrange for the payment. I greatly value my insurance coverage and am committed to meeting my obligations.

Thank you for considering my request. I appreciate your understanding and support in this matter. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]