

Request for Premium Payment Extension

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

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

I kindly request an extension of [number of days/weeks] to enable me to settle the payment. I assure you that I am committed to maintaining my policy and will make the payment as soon as possible.

Thank you for considering my request. I appreciate your understanding and support. Please let me know if you require any additional information.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]