

# Application for Family Insurance Extension

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name],

I am writing to formally request an extension of my family insurance policy, [Policy Number], which is set to expire on [Expiration Date]. Due to [brief reason for extension request, e.g., changes in family circumstances, upcoming medical needs], I would like to ensure continued coverage for my family.

As a loyal customer, I appreciate the services your company provides and hope to maintain my policy without interruption. Please let me know the necessary steps I need to take to facilitate this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]