

Request for Family Insurance Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Agent's Name],

I hope this message finds you well. I am writing to request an extension of our family insurance policy, [Policy Number], which is set to expire on [Expiration Date].

Due to [brief reason for the extension request, e.g., ongoing health concerns, financial planning, etc.], we would like to extend our coverage for an additional period. Please let us know the necessary steps to facilitate this process.

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

Sincerely,

[Your Name]