

Application for Extension of Insurance Policy

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request an extension of my existing insurance policy, Policy Number: [Your Policy Number], which is set to expire on [Expiration Date]. Due to [reason for extension request], I would greatly appreciate the opportunity to extend my coverage.

I believe that extending my policy will help safeguard my interests and provide me with the necessary protection as I navigate through this period. I am willing to comply with any additional requirements or adjustments that may be necessary for the extension.

Thank you very much for your consideration of my request. Please let me know if you require any further information. I look forward to your prompt response.

Sincerely,

[Your Name]