

Insurance Premium Payment Extension Request

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name],

I hope this letter finds you well. I am writing to formally request an extension for my insurance premium payment due on [Insert Due Date]. Due to [brief explanation of the reason, e.g., financial difficulties, unforeseen circumstances], I am unable to make the payment by the specified date.

I value the coverage provided by my policy [Policy Number] and wish to maintain my account in good standing. I kindly request an extension until [Proposed New Payment Date] to make the payment. I assure you that I am committed to fulfilling this obligation and appreciate your understanding in this matter.

Thank you for considering my request. Please feel free to reach out to me at [Your Phone Number] or [Your Email Address] should you need any further information. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]