

Insurance Premium Payment Plan Proposal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to propose a payment plan for my insurance premium for the policy numbered [Insert Policy Number]. Due to [briefly explain your reason, e.g., financial constraints], I would like to request a modification of the payment schedule.

Proposed Payment Plan:

- Total Premium Amount: [Insert Amount]
- Proposed Installment Amount: [Insert Amount]
- Proposed Payment Frequency: [Insert e.g., monthly, quarterly]
- Proposed Start Date: [Insert Date]
- Proposed End Date: [Insert Date]

I believe this plan will ensure that I remain compliant with my policy obligations while managing my financial situation effectively. I appreciate your consideration of this proposal and hope we can agree on a suitable arrangement.

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

Sincerely,

[Your Name]