

Application for Extended Liability Insurance Coverage

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 am writing to formally request an application for extended liability insurance coverage. My current policy number is [Insert Policy Number], and I would like to enhance my coverage to better protect my assets and liabilities.

Having evaluated my current circumstances and potential risks, I believe that obtaining an extended liability insurance policy is a prudent choice. This added layer of protection will provide me with peace of mind knowing that I am covered against unforeseen events.

Please let me know the necessary steps to process my request and any documentation required to facilitate this application. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]