

Letter of Appeal for Extended Grace Period on Insurance Premium Payment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request an extended grace period for my upcoming insurance premium payment for policy number [Your Policy Number], which is due on [Due Date].

Due to unforeseen circumstances, including [briefly explain your situation, such as financial hardship, medical issues, etc.], I am currently unable to meet this payment deadline. I have always been diligent in my payments, and this situation is both unexpected and temporary.

I kindly request an extension of [number of days/weeks] to allow me the necessary time to secure the funds required. I am fully committed to maintaining my insurance coverage and ensuring my premiums are paid in full as soon as possible.

Thank you for considering my request. I appreciate your understanding and support during this challenging time. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]