

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Grace Period Extension Approval

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request an extension of the grace period for my insurance policy #[Policy Number], which is set to expire on [Original Expiration Date]. Due to [brief explanation of the circumstances, e.g., financial hardship, medical issues], I am unable to make the payment by the due date.

Understanding the importance of maintaining my coverage, I kindly ask for your consideration in granting an extension for the grace period. I believe this would greatly assist me in ensuring that my insurance remains active during this challenging time.

Thank you for your time and consideration. I look forward to your prompt response regarding my request.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]