

Extended Insurance Coverage Request

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 Company Representative's Name],

I am writing to formally request an extension of my insurance coverage for policy number [Your Policy Number]. My current policy is set to expire on [Expiration Date], and I would like to explore options for extending my coverage to ensure continued protection.

Given the [briefly explain reason for extension, e.g., unexpected circumstances, travel plans, etc.], I believe that an extension would be beneficial for my situation. I would appreciate it if you could provide me with information on the available options and any necessary steps I need to take to proceed with this request.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]