

# Insurance Late Fee Justification

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Waiver of Late Fee

Dear [Insurance Company's Customer Service Team/Specific Contact Person],

I hope this message finds you well. I am writing to formally request a review and waiver of the late fee that has been applied to my insurance policy, numbered [Insert Policy Number].

Unfortunately, due to [briefly explain the reason, e.g., unexpected medical expenses, loss of job, etc.], I was unable to make my premium payment by the due date of [Insert Due Date]. I take full responsibility for this oversight and am committed to fulfilling my payment obligations moving forward.

As a loyal customer of [Insurance Company Name] since [Insert Year], I have always maintained a good payment history and would greatly appreciate your understanding of my situation. I kindly ask that you consider my request for the waiver of the late fee of [Insert Late Fee Amount].

Thank you very much for your consideration. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]