

Request for Grace Period on Insurance 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 Name],

I hope this message finds you well. I am writing to formally request a grace period for my upcoming insurance payment due on [due date]. Due to [brief explanation of your circumstances], I am currently facing financial difficulties and would greatly appreciate your understanding and assistance during this challenging time.

I have been a policyholder with your company since [year] and have always made my payments on time. I value my relationship with [Insurance Company Name] and am committed to fulfilling my obligations as soon as I am able.

Therefore, I kindly request an extension of [number of days] days for my payment. This additional time would ensure that I can make the payment in full without further financial strain.

Thank you for considering my request. I look forward to your positive response. Please feel free to contact me at [phone number] or [email address] should you require any further information.

Sincerely,

[Your Name]

[Policy Number]