

[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Insurance Company Name]
[Attn: Underwriting Department]
[Address]
[City, State, Zip Code]

RE: Request for Grace Period Extension - Policy #[Policy Number]

Dear [Agent Name or Underwriter Name],

I am writing to formally request a grace period extension for our Workers Compensation policy, which expired on [Expiration Date].

Due to [briefly state reason, e.g., administrative delays / temporary financial hardship / transition of payroll providers], we have experienced a delay in processing the renewal premium. We are requesting an extension of [Number of Days, e.g., 15 days] to finalize the payment and ensure there is no gap in coverage for our employees.

We understand the importance of maintaining continuous coverage and are working to resolve this matter by [Date]. Please let us know if there are specific forms or additional information required to grant this extension.

Thank you for your time and consideration of this request. I look forward to your confirmation.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]
[Phone Number]