

[Company Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Insured Name]  
[Address Line 1]  
[City, State, Zip Code]

**RE: Notice of Extension for Policy Update Processing**

Policy Number: [Policy Number]  
Reference Number: [Reference Number]

Dear [Insured Name],

We are writing to provide you with an update regarding your recent request to modify your insurance policy, received on [Date Request Received].

While we strive to process all policy updates promptly, we require additional time to complete the review of your file. This extension is necessary due to [Reason for Extension, e.g., high volume of requests / additional verification requirements / internal technical review].

We expect to complete the processing of your update by [Expected Completion Date]. Please be assured that your coverage remains in effect according to your existing policy terms during this period.

Once the update is finalized, you will receive a formal confirmation and an updated policy declaration page for your records.

We apologize for any inconvenience this delay may cause. If you have any questions, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Thank you for your patience and for choosing [Company Name].

Sincerely,

[Name/Signature]  
[Title]  
[Department Name]