

Request for Premium Refund

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name or "Customer Service Manager"],

I am writing to formally request a refund of the premium payments made for my insurance policy (Policy Number: [Insert Policy Number]), which was terminated on [Insert Termination Date]. According to the terms of my policy, I am entitled to receive a full refund of the premium amount for the unused coverage period.

To date, I have paid a total premium amount of [Insert Total Amount Paid], and I believe I am owed a refund of [Insert Amount Owed] based on the policy's cancellation provisions.

I kindly request that you process my refund as soon as possible and confirm when the amount will be credited back to my account. Please find attached copies of my policy documents and payment receipts for your reference.

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

Sincerely,

[Your Name]