

Premium Reimbursement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request a reimbursement of my premium due to the cancellation of my policy #[Insert Policy Number]. The cancellation was processed on [Insert Cancellation Date], and I believe I am entitled to a refund for the unused portion of my premium.

Details of the policy are as follows:

- Policyholder Name: [Your Name]
- Policy Number: [Insert Policy Number]
- Date of Cancellation: [Insert Cancellation Date]
- Total Premium Paid: [Insert Total Premium Amount]

Please find attached any relevant documents, including the cancellation notice and proof of premium payment.

I would appreciate your prompt attention to this matter and look forward to receiving the reimbursement at your earliest convenience. If you require any additional information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]