

Premium Refund Approval

[Your Company Name]

[Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

To: [Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Subject: Approval of Premium Refund for Unused Coverage Period

Dear [Policyholder's Name],

We are writing to inform you that your request for a premium refund for the unused coverage period has been approved. After reviewing your policy, we found that you are eligible for a refund of [insert amount]. The unused period is from [start date] to [end date].

To process your refund, please ensure that we have the correct payment information. You may respond to this letter with your preferred method of receiving funds.

Thank you for your attention to this matter. Should you have any questions, feel free to contact us at [phone number] or [email address].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]