Application for Excess Coverage Refund

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a refund for the excess coverage that I have paid for under policy number [Your Policy Number]. After reviewing my account, I believe that I am eligible for a refund due to [briefly explain the reason, e.g., "overpayment" or "policy adjustment"].

Below are the details of the excess coverage:

- Policy Number: [Your Policy Number]
- Excess Amount Paid: [Amount]
- Date of Payment: [Date]
- Reason for Refund: [Reason]

I have attached copies of all relevant documents for your reference. I would appreciate your prompt attention to this matter and look forward to your response regarding the status of my application.

Thank you for your assistance.

Sincerely,

[Your Name]