Request for Excess Coverage Rebate

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Recipient's Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a rebate for the excess coverage I have maintained on my account with [Insurance Company/Organization Name]. My policy number is [Policy Number], and I have been a loyal customer since [Year].

According to my records, I have exceeded the necessary coverage limits, thus qualifying me for a rebate as per the policy terms. I have attached relevant documentation for your review.

I would appreciate your prompt attention to this matter and look forward to your timely response. If you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your assistance.

Sincerely,

[Your Name]