

# Premium Refund Denial Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

Thank you for your recent request regarding a premium refund for policy number [Insert Policy Number]. We appreciate your patience while we conducted a thorough administrative review of your request.

After careful consideration, we have determined that we are unable to approve your request for a premium refund. This decision is based on [insert reason for denial, e.g., "the terms of the policy which state that refunds are not permitted after a certain date"].

We understand that this may be disappointing news. If you have any further questions or require additional clarification, please do not hesitate to reach out to our customer service team at [Insert Phone Number] or [Insert Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Phone Number]

[Your Company Email Address]