

# Premium Refund Denial Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Recipient's Name],

We are writing to inform you about the status of your request for a premium refund associated with policy number [Policy Number]. After careful review, we regret to inform you that your request has been denied due to incomplete documentation.

Your application was missing the following required documents:

- [List missing documents]

To proceed with your request, we kindly ask that you provide the necessary documentation at your earliest convenience. Once we receive the complete information, we will be happy to reevaluate your claim.

Thank you for your understanding. If you have any questions or need further assistance, please do not hesitate to contact us at [Customer Service Phone Number] or [Customer Service Email Address].

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]