

# Premium Refund Denial Notice

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Address: [Insert Address]

Dear [Policyholder Name],

We hope this message finds you well. We are writing to inform you regarding your request for a refund of the premium for your policy referenced above.

Upon careful review, we regret to inform you that your request for a premium refund cannot be accommodated as your policy has expired on [Insert Expiration Date]. As per the terms and conditions outlined in your policy documents, refunds are only considered for active policies.

If you have any further questions or if you would like to discuss your options moving forward, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]