

Premium Refund Denial Notification

[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],

We are writing to inform you of our decision regarding your request for a premium refund related to your recent insurance claim. After a thorough review of your claim and policy details, we regret to inform you that we are unable to process your request for a refund.

The specific reasons for this decision are as follows:

- [Reason for claim rejection 1]
- [Reason for claim rejection 2]
- [Reason for claim rejection 3]

As per the terms and conditions of your policy, we are unable to issue a refund for premiums paid during the period in question. We encourage you to review your policy documents for further clarification on this matter.

If you have any questions or would like to discuss this decision further, please do not hesitate to contact us at [company phone number] or [company email address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]