Premium Refund Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Company]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Thank you for your recent correspondence regarding your request for a premium refund for policy number [Insert Policy Number]. After careful consideration, we regret to inform you that your request for a refund has been denied due to late payment.

Our records indicate that the payment for your premium was not received by the due date, which is a requirement per the terms outlined in your policy. As a result, we are unable to process your refund request at this time.

If you have any further questions or would like to discuss this matter, please do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Your Company]