

Premium Refund Denial Notification

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Address: [Insert Policyholder Address]

Dear [Policyholder Name],

We regret to inform you that your request for a premium refund due to the cancellation of your policy with us has been denied. After a thorough review of your policy details and applicable terms, we must adhere to the guidelines outlined in your policy agreement.

According to Section [Insert Section Number] of your policy, refunds are not applicable for cancellations initiated after the [Insert Cancellation Period] period. Unfortunately, your cancellation request does not meet the criteria for a premium refund.

We appreciate your understanding in this matter. Should you have any further questions or need additional assistance, please do not hesitate to contact our customer service department at [Insert Contact Information].

Thank you for your attention.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]