

Insurance Premium Refund Appeal

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company's Name]
[Insurance Company's Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my claim for a refund of insurance premiums under policy number [Policy Number]. I received your letter dated [Date of Denial Letter], which outlined the reasons for the denial, and I respectfully disagree with the decision made.

[Brief description of the reasons for the appeal, supported by facts or evidence. You may include any relevant information or documentation that supports your case.]

I believe that the circumstances warrant a re-evaluation of my situation. I kindly request that you reconsider my claim. Attached are supporting documents that validate my request for a refund, including [list any documents you are attaching].

Thank you for your attention to this matter. I look forward to your prompt response regarding this appeal.

Sincerely,

[Your Name]