

Insurance Premium Refund Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Provider's Name],

I am writing to formally request a refund of the premium paid for my insurance policy with policy number [Policy Number] due to the early termination of the policy on [Termination Date].

As per the terms and conditions outlined in the policy agreement, I am entitled to a refund of the unearned premium. I would appreciate your prompt attention to this matter and request that the refund be processed to my bank account [Insert Account Details or Preferred Method of Refund if applicable].

Thank you for your assistance in this matter. Should you require any additional information, please do not hesitate to contact me at the above number or email.

Sincerely,

[Your Name]