

Insurance Premium Refund Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to inquire about the refund of my insurance premium associated with policy number [Insert Policy Number], which I recently discovered is overdue for payment.

Due to [briefly explain reason for overdue payment, e.g., unexpected financial hardship, oversight], I was unable to make the payment on time. I would like to request a review of my situation and discuss the possibility of receiving a refund for the premium paid.

I appreciate your understanding and assistance in this matter. Please feel free to contact me at your earliest convenience to discuss this issue further.

Thank you for your attention to this matter.

Sincerely,

[Your Name]