

# Insurance Premium Refund Request

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

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

Dear [Insurance Company Name/Claims Department],

I am writing to formally request a refund for the premium paid for my insurance policy [Policy Number], which was issued on [Date of Issue]. Unfortunately, I have recently been informed that this policy has failed and is no longer in effect.

The details of my policy are as follows:

- Policy Number: [Policy Number]
- Type of Insurance: [Type of Insurance]
- Date of Payment: [Date of Payment]
- Amount Paid: [Amount]

I kindly ask that you initiate the process for my premium refund at your earliest convenience. Please inform me of any required documentation or steps I need to follow to facilitate this request.

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

Sincerely,

[Your Name]