

Insurance Premium Refund Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Insurance Company's Name or Claims Department],

I am writing to formally request a refund of the insurance premium paid on policy number [Insert Policy Number]. As a beneficiary of this policy, I believe that a refund is warranted due to [state the reason for the refund request, e.g., cancellation of the policy, overpayment, etc.].

Details of the transaction are as follows:

- Policyholder Name: [Insert Policyholder Name]
- Policy Number: [Insert Policy Number]
- Amount Paid: [Insert Amount Paid]
- Date of Payment: [Insert Payment Date]

Attached are copies of the relevant documents for your review. I kindly request that you process this refund at your earliest convenience.

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

Sincerely,

[Your Name]