

Insurance Premium Refund Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Insurance Premium Refund

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request a refund of the insurance premium following the recent adjustment to my policy, [Insert Policy Number].

On [Insert Date of Policy Adjustment], my policy was adjusted to reflect [briefly describe the adjustment; for example, a change in coverage or a cancellation]. As a result of this adjustment, I believe that I am entitled to a refund of the excess premium paid.

I would appreciate if you could review my account and process the refund at your earliest convenience. Attached are the relevant documents supporting my request, including the policy adjustment notice and payment receipt.

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

Sincerely,

[Your Name]