

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 Customer Service],

I am writing to request a refund for an insurance premium that was billed in error on my account. My policy number is [Your Policy Number], and the billing date in question is [Billing Date].

Upon reviewing my account, I noticed that the amount charged does not align with my agreed premium amount. I have attached relevant documents and records for your reference.

Kindly investigate this matter and initiate the refund process for the erroneous charge. I appreciate your attention to this issue and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]