

Insurance Premium Refund Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally request a refund of my insurance premiums following the recent denial of my claim (Claim Number: [Insert Claim Number]). After reviewing the denial notice dated [Insert Date of Denial], I find it necessary to seek a refund for the premiums paid, as the claim was denied without sufficient justification in my opinion.

As a loyal policyholder, I believe that the terms of my policy warrant that I receive a refund due to the denial of my claim. I kindly ask you to review my request and process the necessary refund in accordance with applicable policies and regulations.

Please let me know if you require any additional information or documentation to facilitate this process. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]