

Request for Insurance Premium Refund

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a refund for an overpayment of my insurance premium. My policy number is [Your Policy Number]. Upon reviewing my payment history, I have noticed that I have accidentally overpaid my premiums by [Insert Amount Overpaid].

I kindly ask that you process this refund at your earliest convenience. Please let me know if you require any further information or documentation to facilitate this request.

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

Sincerely,

[Your Name]