

Duplicate Coverage Refund Request

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Date: [Current Date]

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Dear [Insurance Company Name],

I am writing to request a refund for the duplicate auto insurance coverage on my vehicle. After reviewing my policy documents and billing statements, I have identified that I have been charged for two separate policies covering the same vehicle for the same period.

The details of both policies are as follows:

- Policy Number: [First Policy Number] - Coverage Period: [Start Date] to [End Date]
- Policy Number: [Second Policy Number] - Coverage Period: [Start Date] to [End Date]

As per our recorded agreement, I am entitled to a refund for the duplicate coverage charged. I would appreciate your prompt assistance in processing this request and issuing the refund as soon as possible.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]