

# Duplicate Coverage 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 Representative's Name],

I am writing to formally request a refund for duplicate coverage under my commercial insurance policy with [Insurance Company Name]. The policy number is [Your Policy Number].

Upon reviewing my records, I discovered that I have been charged for duplicate coverage from [Start Date] to [End Date]. Specifically, this involves [brief description of the coverage in question].

As per my understanding and the terms of the policy, I am entitled to a refund for the period of duplication. I have attached copies of relevant documents for your reference, including my policy declarations and the billing statement that outlines the duplicate charges.

Thank you for your attention to this matter. I look forward to your prompt response and resolution of my refund request. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]