

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 homeowner's insurance coverage that I have identified in my policy. My policy number is [Your Policy Number].

Upon reviewing my insurance documents, I noticed that I have been charged for coverage that overlaps with another policy I hold, which has resulted in an unnecessary duplication of coverage.

I would appreciate your assistance in processing my refund for the duplicated coverage. Please find attached the relevant documents that support my claim, including both policies and proof of payment.

Should you need any further information or documentation, please feel free to contact me at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]