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 Name],

I am writing to formally request a refund for duplicate insurance coverage under my policy with you. My policy number is [Policy Number].

Upon reviewing my accounts, I discovered that there are two policies covering the same risks, leading to unnecessary double premiums. I believe I am entitled to a refund for the excess amount paid due to this duplication.

Please find attached copies of my policy documents and any relevant communication. I kindly ask that you investigate this matter promptly and process the refund to my account at your earliest convenience.

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

Sincerely,

[Your Full Name]