

Duplicate Coverage Refund Request

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, ZIP: [Your City, State, ZIP]

Your Email: [Your Email]

Your Phone Number: [Your Phone Number]

Date: [Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP]

Subject: Request for Refund of Duplicate Coverage

Dear [Insurance Company Name or Representative's Name],

I am writing to formally request a refund for the duplicate coverage on my life insurance policies. Upon reviewing my records, I have found that I hold two policies under the same coverage terms, which has resulted in unnecessary premiums being paid.

Policy Details:

- Policy Number 1: [Policy Number 1]
- Policy Number 2: [Policy Number 2]
- Effective Date: [Effective Date]

I kindly ask you to review my account and provide a refund for the excess premiums paid for the duplicate coverage. Attached are copies of both policies and payment receipts for your reference.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]