Request for Duplicate Coverage Refund

[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 Contact/Claims Department],

I am writing to formally request a refund for my duplicate coverage on specialty insurance products. My policy number is [Policy Number], which I obtained on [Date of Purchase]. Unfortunately, I realized that the coverage overlaps with another policy I hold with [Other Insurance Company or Policy Number].

After reviewing the terms of both policies, I am eligible for a refund for the unused portion of my premium on the duplicate coverage. I have included copies of both policies for your reference.

Could you please initiate the refund process at your earliest convenience? I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]