

YOUR NAME

YOUR ADDRESS

CITY, STATE, ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

DATE

To:

INSURANCE COMPANY NAME

INSURANCE COMPANY ADDRESS

CITY, STATE, ZIP CODE

Subject: Demand for Premium Overpayment Refund

Dear [Recipient's Name],

I am writing to formally request a refund for an overpayment made on my insurance premium for policy number [Policy Number]. On [Date of Payment], I inadvertently overpaid my premium in the amount of [Amount Overpaid]. The payment system did not correctly reflect my account balance.

According to my records, my premium payment should have only been [Correct Amount], and the excess amount of [Amount Overpaid] is due for refund.

Under [applicable law/regulation, if known], I am entitled to a full refund of the overpaid premium amount. I kindly request that this matter be resolved promptly. Please process the refund to the following address:

[Your Address]

I appreciate your immediate attention to this matter and look forward to your prompt response within the next [mention a timeframe, e.g., 14 days]. Please feel free to contact me directly at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your cooperation.

Sincerely,

[Your Name]