

Refund Application for Premium Overpayment

Your Name: [Your Name]

Your Address: [Your Address]

City, State, Zip Code: [City, State, Zip Code]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Refund of Premium Overpayment

Dear [Recipient's Name],

I am writing to formally request a refund for the overpayment made on my insurance premium. My policy number is [Your Policy Number].

After reviewing my records, I have discovered that I accidentally overpaid my premium by [Amount Overpaid]. I kindly ask you to initiate the refund process to return the overpaid amount to my account.

Please find attached copies of the relevant documents supporting my claim, including payment receipts.

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

Sincerely,

[Your Name]