

Premium Tax Exemption Application

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an exemption from premium taxes for the policy held under [Policy Number] due to [reason for exemption]. As per the guidelines set forth in [Applicable Law/Regulation], I believe that my application qualifies for the exemption.

Attached are the necessary documents supporting my application, including:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly ask that you review my application and grant the premium tax exemption at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]