

Letter of Clarification on Insurance Premium Refund Eligibility

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to seek clarification regarding the eligibility criteria for refunding insurance premiums under my policy, [Policy Number].

Specifically, I would like to understand the following:

- What are the specific conditions that must be met for a refund to be processed?
- Are there any time limits for requesting a refund?
- What documentation is required to support my refund request?

Thank you for your attention to this matter. I look forward to your prompt response to help clarify these terms.

Sincerely,

[Your Name]