

# Application for Insurance Premium Refund

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a refund for the overpayment of my insurance premium associated with my policy number [Your Policy Number]. After reviewing my payment history, I discovered that I have inadvertently made an excess payment of [Amount Overpaid] on [Date of Overpayment].

According to my calculations, the correct premium amount due was [Correct Premium Amount], and I would appreciate it if you could process a refund for the overpaid amount at your earliest convenience.

Attached to this letter, you will find copies of my payment records and any relevant documentation to support my claim.

Thank you for your attention to this matter. I look forward to your prompt response and the resolution of my refund request.

Sincerely,  
[Your Name]