

# Request for Insurance Premium Refund

**Date:** [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a refund of my insurance premium due to the cancellation of my policy. My policy number is [Insert Policy Number], and the cancellation effective date is [Insert Cancellation Date].

According to the terms and conditions of the policy, I am eligible for a refund of the premiums paid for the unused coverage period. I kindly request that you process this refund at your earliest convenience.

Please let me know if any further information is required to expedite this process. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]