

Request for Percentage Refund

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a percentage refund on the unused portion of my insurance premium associated with policy number [Your Policy Number]. Due to [briefly explain the reason for the unused premium, e.g., cancellation of policy, change in circumstances], I would like to request a review of my account.

According to the terms outlined in the policy documentation, I believe I am entitled to a refund for the unused portion of my premium. I kindly ask you to process this request at your earliest convenience and inform me of the necessary steps to proceed.

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

Sincerely,

[Your Name]