

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

[Date]

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

RE: Request for Refund of Overpayment and Unearned Premium

Policy Number: [Your Policy Number]
Cancellation Date: [Date of Cancellation]

To Whom It May Concern,

I am writing to formally request a refund for the credit balance remaining on my account following the cancellation of the above-referenced insurance policy. This request includes both an overpayment made on [Date of Payment] and the prorated unearned premium for the remainder of the policy term.

My records indicate that the total refund amount due is \$[Amount, if known]. This is based on the following:

- Overpayment of premium: \$[Amount]
- Unearned premium from [Date] to [Date]: \$[Amount]

Please process this refund within [Number, e.g., 15] business days. I would prefer the refund to be issued via [original payment method / check / direct deposit].

If there is any additional documentation required to finalize this request, please contact me immediately. Otherwise, I look forward to receiving a confirmation statement showing the final calculation and the date the refund was issued.

Sincerely,

[Your Signature]
[Your Printed Name]