

(Date of Letter)

(Insurance Company Name)

(Policy Department)

(Street Address)

(City, State and Zip Code)

RE:

(Name of Insured)
(Claim Number)
(Date of Loss)
(Premium Dispute)

Dear Policy Premium Director:

Apparently, a dispute regarding premium payments has arisen relative to the above-referenced policy. It is the undersigned's understanding that the rate of premium, as originally agreed in conjunction with the issuance of the aforementioned policy, was \$ (amount) (per month, quarter, semi-annual or annual). Recently, however, your company directed a premium notice to the insured indicating that the amount of \$ was due. This amount differs from the amount as agreed upon and understood to be the premium payment in this case.

As noted above, on the day of (month/year), a notice from your company indicated that the premium of \$ was due. My files show that the premium was paid in the amount of \$ and that the canceled check or other evidence of acknowledged payment has been received. A copy of the evidence of payment will be provided once same is received from the appropriate financial institution. Based upon my records and based upon the foregoing, it appears as though this policy is current, pursuant to payments which have been made.

Should your office dispute the foregoing in any way, kindly provide me with an immediate response. It is understood that the policy will remain in effect as long as premiums are paid and until this matter can be resolved between the parties. Should your position differ in any way, kindly advise immediately.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)