REFUND REQUEST

CUSTOMER NAME: **Customer ID:**

SOLD BY/OFFICE: **Policy#:**

REQUESTED BY   **Refund amount:**

Company: **U/W:**

Was this an Agent or CSR error: YES / NO   **Has H.R. been advised?** YES / NO

Was this also error of U/W: YES / NO   **Has H.R. been advised?** YES / NO

DATE: CSR: # REFUND CHECK LIST

1) □ Always attach receipt of transaction   **6)** □ Proof of rejection letter
2) □ Co. refund check   **7)** □ Acct. Dept. notes on H.S.
3) □ Apology Letter containing release of Liab.   **8)** □ No Loss *(if Needed)*
4) □ CXL/FLAT CXL request   **9)** □ Flat CXL request
5) □ Proof of duplicate coverage   **10)** □ Owes amount due

Comments, explanation, and justification of refund.

If policy is cancelled, was the insured offered a Rewrite? Yes   NO

DATE:	Mireya Lomelin - ACCOUNTING