

Appeal Against Termination of Insurance Policy

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Appeal Against Termination of Policy #[Policy Number]

Dear [Recipient's Name],

I am writing to formally appeal the termination of my insurance policy #[Policy Number], which was terminated on [Termination Date]. I was not given adequate reasons for this termination and would like to contest it based on the following grounds:

1. [Ground 1: Example - Non-payment misunderstanding]
2. [Ground 2: Example - Service issue or coverage confusion]
3. [Ground 3: Example - Any other pertinent reason]

I have been a loyal customer of [Insurance Company Name] for [Duration] and have consistently met my obligations under the policy. I kindly request that you review my case and consider reinstating my policy as soon as possible.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]