

Appeal Letter for Revoked 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]

Dear [Claims Adjuster/Manager],

I am writing to formally appeal the recent decision to revoke my insurance policy with [Insurance Company Name], policy number [Policy Number]. I believe this decision is unwarranted and would like to provide the necessary information for reconsideration.

On [Date of Revocation Notice], I received a notice regarding the revocation of my policy due to [reason for revocation]. I would like to contest this decision based on the following points:

1. [Point 1: Provide details and any evidence]
2. [Point 2: Provide details and any evidence]
3. [Point 3: Provide details and any evidence]

I have been a loyal customer since [Year] and have always complied with the terms of my policy. I respectfully request a thorough review of my appeal and the circumstances surrounding the revocation.

Thank you for your attention to this matter. I look forward to your prompt response and hopefully to a favorable resolution.

Sincerely,

[Your Name]