

Letter of Challenge to Insurance Policy Cancellation Decision

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name/Claims Department],

I am writing to formally challenge the decision to cancel my insurance policy #[Policy Number], which I received on [Date of Cancellation Notice]. I believe that this decision is unjustified based on the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I have been a loyal customer for [Number of Years] years and have consistently met my obligations under the policy. I kindly request a reconsideration of this cancellation and an opportunity to discuss this matter further.

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

Sincerely,

[Your Name]