

# Formal Appeal Against Insurance Policy Dismissal

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

Date: [Insert Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the dismissal of my insurance policy (Policy Number: [Policy Number]) as communicated in your letter dated [Date of Dismissal Letter]. I believe this decision was made in error and I would like to request a thorough review of my case.

According to my records and understanding, the basis for the dismissal of my policy is [briefly state the reason given for dismissal]. I have attached documentation that supports my claim and demonstrates my adherence to the terms of the policy.

I kindly ask that you reconsider my situation, taking into account the additional information provided. I trust that you will find the evidence substantial enough to overturn the decision.

Thank you for taking the time to review my appeal. I look forward to your prompt response and a favorable resolution to this matter.

Sincerely,  
[Your Name]