

# Letter of Intent to Dispute Insurance Policy Cancellation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Subject: Dispute of Insurance Policy Cancellation - Policy Number [Your Policy Number]

Dear [Insurance Company's Contact Name],

I am writing to formally dispute the cancellation of my insurance policy, number [Your Policy Number], effective [Cancellation Date]. I believe that the cancellation was issued in error and I would like to request a detailed explanation of the reasons behind this decision.

According to my understanding, I have met all requirements outlined in the policy agreement, and I have made timely payments. [Include any specific details or evidence that supports your claim.]

I kindly ask that you review my case and reconsider the cancellation. I am looking forward to your prompt response to address this matter.

Thank you for your attention to this urgent matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]