Claim for Retroactive Liability Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name or Claims Department],

I am writing to formally submit a claim for retroactive liability insurance coverage under policy number [Insert Policy Number].

As per the terms of the policy, I believe that my situation merits consideration for retroactive coverage due to [briefly explain the reason for your claim, such as an oversight in coverage dates, the nature of the claim, etc.].

Attached to this letter, you will find all necessary documentation, including [list any attached documents such as invoices, policy documents, etc.]. I kindly request that you review my claim and advise on the subsequent steps.

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

Sincerely,

[Your Name]