

# Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name/Specific Contact Name],

I am writing to formally appeal the insurance contract [Contract Number] that was placed without my authorization on [Date of Contract]. I did not provide consent for this contract and was unaware of its existence until recently.

According to [mention any relevant laws or regulations], this contract is not valid without my explicit agreement. Therefore, I request that this unauthorized insurance contract be annulled immediately.

Attached to this letter are copies of relevant documents supporting my claim, including [list any documents such as identification, consent form, etc.].

I appreciate your prompt attention to this matter and look forward to your response within [mention timeframe, e.g., 14 days]. If needed, I am available for a discussion at your convenience.

Thank you for your consideration.

Sincerely,

[Your Name]