

# Insurance Objection Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department/Customer Service]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

Subject: Objection to Unfavorable Rating - Policy #[Insert Policy Number]

I am writing to formally dispute the unfavorable rating assigned to my insurance policy referenced above. After reviewing the factors that contributed to this assessment, I believe that the rating is not reflective of my profile and the consideration of my claims history.

[Provide a brief explanation of your objections. Include relevant details or supporting evidence that justifies your position.]

I kindly request a reevaluation of my policy rating based on the information provided. I am looking forward to a constructive dialogue to resolve this matter promptly.

Thank you for your attention to this important issue. I hope to hear from you soon regarding the next steps.

Sincerely,

[Your Name]