

Appeal to Insurance Company

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally appeal for a review of conduct regarding my insurance agent, [Agent's Name], who is associated with your company, [Insurance Company Name].

On [specific date], I experienced [brief description of the issue, e.g., inadequate service, misleading information]. This conduct has resulted in [explain the impact, e.g., financial hardship, confusion, etc.].

Despite my attempts to address this matter directly with the agent, I have been unable to achieve a satisfactory resolution. Therefore, I am seeking your assistance in investigating this conduct and taking appropriate action.

I value the services provided by [Insurance Company Name] and hope to continue my association. An impartial review of this matter is essential to restoring my confidence in your company.

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

Sincerely,

[Your Name]

[Policy Number, if applicable]