

Insurance Endorsement Appeal Letter

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Appeal for Denied Coverage - Policy #[Your Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of coverage under my insurance policy #[Your Policy Number] regarding [specific incident or claim]. I received your denial letter dated [date of denial letter], and I would like to provide additional information for your review.

The reason for the denial, as stated in your letter, was [quote the reason for denial]. However, I believe that my situation merits further consideration due to [briefly explain your reasons, such as policy details, additional documentation, or circumstances not previously considered].

Attached, you will find [list any documents you are including, such as medical records, invoices, or statements], which I believe support my claim for coverage. I respectfully request that you review this additional information and reconsider my appeal.

Thank you for your attention to this matter. I look forward to your prompt response. Should you require any further information, please do not hesitate to contact me at [your phone number] or [your email address].

Sincerely,

[Your Name]