

# Insurance Coverage Resolution Request

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Address:** [Insurance Company Address]

**Policy Number:** [Insert Policy Number]

Dear [Insurance Adjuster's Name],

I hope this message finds you well. I am writing to formally request a resolution regarding my insurance coverage for [specific issue or claim]. After reviewing my policy and the circumstances surrounding my claim, I believe that [provide brief explanation of the issue].

Details of my claim are as follows:

- **Claim Number:** [Insert Claim Number]
- **Date of Incident:** [Insert Date]
- **Description of Incident:** [Brief Description]

Given the information provided, I respectfully ask for a reevaluation of my claim and a prompt response regarding the coverage applicable in this situation. I believe this matter can be resolved amicably, and I appreciate your attention and assistance in this matter.

Thank you for your time. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]