

Letter of Dispute Regarding Insurance Coverage Terms

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

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

Dear [Claims Adjuster Name],

I am writing to formally dispute the terms of coverage regarding my insurance policy [Policy Number], specifically related to the claim I filed on [Date of Claim] for [Type of Claim].

I believe that the coverage information provided to me does not accurately reflect the terms outlined in my policy agreement. [Briefly explain the specific terms you are disputing and any relevant details regarding the situation.]

To support my position, I have attached [list any documents or evidence you are including, such as the original policy agreement, previous correspondence, etc.].

I kindly request a review of this matter and a written response to clarify the coverage terms as they pertain to my claim. I would appreciate your prompt attention to this issue, as it is crucial for resolution.

Thank you for your assistance. I look forward to your timely reply.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]