

# Letter of Disagreement Regarding Insurance Policy Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster/Customer Service Manager's Name],

I am writing to formally express my disagreement with the coverage decision made concerning my insurance policy #[Policy Number]. After reviewing the details of my claim, I believe that the circumstances surrounding my case warrant a different interpretation of my coverage.

[Briefly explain your situation, the claim made, and the reasons you believe coverage should apply.]

According to the terms outlined in my policy, I believe that I am entitled to coverage for [specific coverage details]. I have attached supporting documents that substantiate my position.

Thank you for your attention to this matter. I would appreciate a timely response to resolve this disagreement. Please feel free to contact me at your earliest convenience to discuss this further.

Sincerely,

[Your Name]