

Insurance Claim Denial Appeal

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

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

Subject: Appeal for Claim Denial - Policy #[Policy Number]

Dear Claims Department,

I am writing to formally appeal the denial of my business liability insurance claim under policy number [Policy Number], submitted on [Submission Date]. The claim was denied on [Denial Date] based on the grounds of [Denial Reason].

After carefully reviewing the policy and the circumstances surrounding the incident, I believe that the claim should be reconsidered due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Enclosed are additional documents that support my appeal, including [List of Documents]. I kindly request a thorough reevaluation of my claim and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Title]
[Your Business Name]