

# Appeal for Insurance Claim Denial

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your City, State, Zip: [Insert City, State, Zip]

Email: [Insert Your Email]

Phone Number: [Insert Your Phone Number]

Insurance Company Name: [Insert Insurance Company Name]

Address: [Insert Insurance Company Address]

City, State, Zip: [Insert City, State, Zip]

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

Dear Claims Adjuster,

I am writing to formally appeal the denial of my insurance claim submitted on [Insert Claim Submission Date] for property damage sustained on [Insert Date of Incident]. My claim number is [Insert Claim Number].

Upon review of the denial letter dated [Insert Denial Letter Date], I believe that the decision was made based on [state the reason for denial]. However, I would like to present additional information that may support my claim.

[Briefly explain your reasons for appeal, providing evidence or documentation that supports your position. Attach any relevant photographs, estimates, or repair bills if necessary.]

Considering the circumstances surrounding this incident and the evidence provided, I kindly request that you reevaluate my claim. I am hopeful for a favorable resolution.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]