

Coverage Dispute Explanation Letter

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear [Adjuster's Name/Claims Department],

I am writing to formally dispute the coverage decision made regarding my recent claim, [Claim Number], submitted on [Date of Claim Submission]. After reviewing your correspondence dated [Date of Correspondence], I wish to provide additional clarification on the circumstances surrounding my claim.

According to my understanding of my policy, I believe that the incident which occurred on [Date of Incident] should be covered under the following provisions: [Briefly explain the relevant sections of your policy].

To support my position, I have attached the following documents:

- [Document 1 Description]
- [Document 2 Description]
- [Document 3 Description]

I appreciate your prompt attention to this matter and am hopeful that we can come to a resolution that reflects the coverage promised in my policy. Please let me know if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]