

Insurance Coverage Dispute Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Policy Number [Your Policy Number]

Dear [Claims Adjuster/Customer Service Representative Name],

I am writing to formally dispute the interpretation of coverage under my insurance policy, numbered [Your Policy Number]. Following the recent claim I filed on [Date of Claim], I was informed that my claim would not be covered due to [briefly explain the reason provided by the insurer, e.g., "an exclusion stated in the policy"].

I believe this decision is based on a misinterpretation of the policy language regarding [specific coverage or clause]. According to my understanding, the relevant provision states [quote the relevant section of your policy]. [Add your argument or reasoning why you believe the claim should be covered].

Given these circumstances, I kindly request a thorough review of my claim along with a detailed explanation for the denial. Please consider this letter both a formal dispute and a request for documentation regarding your claims adjustment decision.

I appreciate your prompt attention to this matter and look forward to your response. If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]