

Letter of Appeal Against Insurance Surcharge

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]

Subject: Appeal Against Insurance Surcharge

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the recent surcharge applied to my insurance policy, numbered [Your Policy Number]. I was notified of this surcharge on [Date of Notification] and I believe it to be unwarranted based on the following reasons:

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

I have been a loyal customer since [Your Start Date with the Insurance Company] and have always maintained my premium payments. Given my history and the circumstances surrounding this surcharge, I kindly request that you review my case.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]