

Request for Reconsideration of Insurance Premium Increase

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Dear [Insurance Company Representative's Name],

I am writing to formally challenge the recent increase in my insurance premium for policy number [Your Policy Number]. I have received the notification dated [Date of Notification], which stated that my premium will be raised by [Amount or Percentage].

As a long-time policyholder, I value the coverage and service provided by your company. However, I would like to request a reconsideration of this premium increase due to [reasons such as financial difficulties, having a claim-free history, or comparison with competitor rates].

To support my request, I have enclosed [any supporting documents or evidence you have, if applicable]. I would appreciate any assistance you could provide in reviewing my policy and the factors that led to this increase.

Thank you for your attention to this matter. I look forward to your prompt response and hope we can resolve this issue satisfactorily.

Sincerely,

[Your Name]