

Dispute of Insurance Rate Increase

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]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the recent increase in my insurance premium for policy number [Insert Policy Number]. I was notified of this increase in a letter dated [Insert Date of Notification], which stated that my premium would be raised from [Old Premium Amount] to [New Premium Amount].

After reviewing the details provided, I believe this increase is unjustified due to the following reasons:

- [Reason 1: e.g., no claims made in the past year]
- [Reason 2: e.g., my current coverage is consistent with market rates]
- [Reason 3: e.g., changes in my circumstances that warrant a review]

I kindly request a review of my policy and a detailed explanation of the factors contributing to the rate increase. I would appreciate any supporting documentation that clarifies your decision.

Please let me know how you wish to proceed. I hope we can resolve this matter amicably and look forward to your response within [insert reasonable timeframe, e.g., 30 days].

Thank you for your attention to this matter.

Sincerely,

[Your Name]