

Letter of Demand for Deductible Evaluation

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Subject: Demand for Deductible Evaluation

Dear [Insurance Adjuster's Name],

I hope this message finds you well. I am writing to formally request a thorough evaluation of the deductible associated with my policy number [Your Policy Number]. I believe that a reevaluation is warranted due to [brief explanation of the reason for the reevaluation such as new evidence or changes in circumstances].

To support my request, I have enclosed [list any documents you are including, e.g., receipts, photos, previous correspondence]. I kindly ask that you review this information and provide me with an updated assessment of my deductible amount.

Please let me know if you require any further information to facilitate this process. I appreciate your prompt attention to this matter, and I look forward to your response.

Thank you for your cooperation.

Sincerely,

[Your Name]