

# Insurance Dispute Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name or Insurance Company],

I am writing to formally appeal the decision regarding my insurance claim [Claim Number] submitted on [Submission Date]. After reviewing the details and the policy coverage limits outlined in my policy documents, I believe there has been a misunderstanding or misapplication of the coverage limits applicable to my claim.

The policy I hold clearly states [insert relevant coverage details or limits]. However, my claim was denied on grounds that do not align with my understanding of the policy provisions. Specifically, [explain the specifics of the dispute regarding coverage limits].

Considering these facts, I kindly request a thorough review of my claim and the supporting documentation I have provided. I believe the evidence clearly supports my position and demonstrates that the coverage limits were misinterpreted.

Please let me know if you require any further information or documentation from my side to assist in this review. I appreciate your prompt attention to this matter and look forward to resolving this issue amicably.

Thank you for your consideration.

Sincerely,

[Your Name]