

# Letter Template for Resolving Insurance Coverage Conflicts

**Your Name**

Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date: [Insert Date]

**Insurance Company Name**

Attn: Claims Department  
Company Address  
City, State, Zip Code

Dear [Insurance Adjuster's Name],

Re: Policy Number [Insert Policy Number] - Coverage Conflict Resolution

I am writing to formally address and seek resolution regarding the ongoing conflict related to the coverage under my insurance policy stated above. After reviewing the terms outlined in the policy documentation, I believe there has been a misunderstanding regarding [briefly describe the specific issue or conflict].

As per our previous communications (reference dates and any previous correspondence), I would like to highlight the following points:

- [Point 1: State specific details]
- [Point 2: State specific details]
- [Point 3: State specific details]

In light of this, I am requesting a re-evaluation of the claim considering the facts provided. I have attached all relevant documents for your review, including [list attachments].

Please let me know how you propose to resolve this matter. I am hopeful we can find an agreeable solution expeditiously. You can reach me at [your phone number] or [your email address].

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

Sincerely,  
[Your Name]