

**[Your Name]**

**[Your Address]**

**[City, State, Zip Code]**

**[Email Address]**

**[Phone Number]**

**[Date]**

Claims Department

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Appeal for Negligence Coverage Denial (Policy Number: [Your Policy Number])

Dear Claims Adjuster,

I am writing to formally appeal the denial of coverage under my policy [Your Policy Number] regarding the recent claim submitted on [Date of Claim Submission]. I received your denial letter dated [Date of Denial Letter], and I would like to provide additional information and context surrounding this claim.

In the letter, it was stated that my claim was denied due to [reason for denial]. However, I believe this decision does not take into account [provide additional facts, evidence, or reasoning]. I have attached relevant documentation, including [list any attachments, e.g., medical records, witness statements, photographs, etc.], to support my case.

Given this new information, I kindly request a reevaluation of my claim. I believe that it aligns with the coverage provided under my policy and warrants compensation based on the circumstances described.

Thank you for your attention to this matter. I look forward to a prompt response and resolution. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]