

Formal Appeal Regarding Negligence Insurance Decision

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 Adjuster's Name],

I am writing to formally appeal the recent decision made on my negligence insurance claim (Claim Number: [Insert Claim Number]). I was informed on [Insert Date of Decision] that my claim was denied due to [briefly state reason for denial].

After thoroughly reviewing the circumstances surrounding the incident, I believe there were significant factors that were not fully considered in the decision-making process. [Briefly outline your arguments and any supporting evidence or documentation you have.]

I kindly request a comprehensive review of my claim with consideration of the additional information provided. I am hopeful that this review will lead to a favorable resolution of my appeal.

Please feel free to contact me at your earliest convenience should you require any further information or documentation.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]