

# Letter of Appeal for Reconsideration of Insurance Premium Adjustment

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]

[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the recent adjustment to my insurance premium for policy number [Your Policy Number]. I received a notification on [Date of Notification] indicating that my premium would be increased to [New Premium Amount], which I believe is not justified based on my claims history and the current market conditions.

Throughout my time as a policyholder, I have maintained a consistent and responsible record, which I believe warrants a reconsideration of this adjustment. Furthermore, I would like to highlight the following points that support my appeal:

- [Point 1: e.g., low claim frequency]
- [Point 2: e.g., no recent changes in coverage]
- [Point 3: e.g., loyalty as a long-term customer]

I kindly request that you review my situation and consider reinstating my previous premium amount. I am happy to provide any further documentation or information you may need to support my appeal.

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

Sincerely,

[Your Name]