

Insurance Claim Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the denial of my residential insurance claim (Claim Number: [Your Claim Number]), submitted on [Submission Date], for the incident that occurred on [Incident Date].

Upon reviewing the claims adjuster's decision dated [Decision Date], I would like to express my concerns and provide additional information to support my appeal.

[Briefly outline the reasons for your claim and why you believe the denial was incorrect. Include any relevant evidence or documentation that supports your position.]

I kindly request a thorough re-evaluation of my claim based on the information provided. I hope for a favorable reconsideration of my case.

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]