

# Occupational Insurance Limitation Dispute

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

[Date]

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

Subject: Dispute of Claim Denial - Policy #[Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the denial of my occupational insurance claim, referenced above, which was submitted on [Date of Claim Submission]. The claim was denied on [Date of Denial] citing [reason for denial]. I believe this decision to be unjustified and would like to provide additional information for your reconsideration.

[Briefly outline the reasons for your dispute. Include any relevant facts, supporting documents or evidence that counter the claim denial, and regulatory or policy references if applicable.]

Attached are the documents supporting my claim, including [list any enclosed documents]. I respectfully request a thorough review of my case and a reconsideration of the denial.

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]