

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]

Re: Dispute of Occupational Insurance Limitation - Claim #[Claim Number]

Dear [Insurance Company Contact/Claims Adjuster Name],

I am writing to formally dispute the limitations placed on my occupational insurance claim, referenced above. As a freelancer, I rely on this insurance for protection against unforeseen interruptions in my work due to [specific reason, e.g., illness, injury, etc.].

On [date of initial claim submission], I submitted a claim for [description of the incident]. On [date you received the limitation notice], I received a notice outlining the limitations applied to my claim, which I believe to be unjustified due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Attached are copies of relevant documents supporting my position, including [list documents, e.g., medical records, receipts, etc.]. I request a thorough review of my case, as the implications of this limitation significantly impact my livelihood as a freelancer.

I look forward to your prompt response and a resolution to this matter. Please contact me at your earliest convenience to discuss this dispute further.

Thank you for your attention to this matter.

Sincerely,

[Your Name]