

# Occupational Insurance Limitation Dispute

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

## **Subject: Dispute of Occupational Insurance Limitation**

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the recent interpretation of my policy, specifically regarding the limitations applied to my occupational insurance benefits. I believe there has been a misunderstanding regarding [briefly describe the issue, e.g., the nature of my occupation or the categorization of my claim].

According to the terms of my policy, [insert relevant policy excerpts or terms that support your position]. I have attached a copy of my policy for your review.

Additionally, I would like to provide the following documentation to support my case:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly request a thorough re-evaluation of my claim based on the information provided and look forward to your prompt response. Please reach me at [your phone number] or [your email] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]