

# Letter of Dispute Regarding Occupational Insurance Limitation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the limitations applied to my occupational insurance claim, under policy number [Insert Policy Number], relating to my employment as a [Your Job Title] at [Your Employer's Name].

On [Date of Incident], I sustained injuries while performing my professional duties, which I believe should be fully covered under my policy. However, I was informed that certain limitations have been placed on my claim, which I find unjustified for the nature of high-risk work involved in my position.

According to the terms outlined in my policy, I am entitled to comprehensive coverage for incidents related to my profession's inherent risks. I have attached all relevant medical documentation and incident reports for your review.

I request a thorough reassessment of my claim and the limitations imposed. I believe that my situation warrants a full review to ensure compliance with the terms of my policy and fair treatment given the high-risk nature of my profession.

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

Sincerely,

[Your Name]