

Occupational Insurance Limitation Dispute

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 [Insurance Company Contact Name],

I am writing to formally dispute the limitations placed on my occupational insurance policy under the seasonal employment provisions. As a seasonal employee working under [Company Name], I believe that the coverage provided is insufficient and does not adhere to the requirements outlined in my policy.

Details of the dispute are as follows:

- Policy Number: [Insert Policy Number]
- Employment Period: [Start Date] to [End Date]
- Description of Incident: [Brief description of the incident that occurred]
- Your Concerns: [Explain why you believe the limitations are unfair or incorrect]

I kindly request a thorough review of my case and a reassessment of the limitations applied to my policy. I would appreciate a prompt response to this matter, as it is crucial for my financial and occupational well-being.

Thank you for your attention to this dispute. I look forward to your timely response.

Sincerely,

[Your Name]