

Letter of Dispute Regarding Occupational Insurance Limitations

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

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

Dear Claims Adjuster,

I am writing to formally dispute the limitations placed on my occupational insurance claim associated with my self-employed work as [Your Occupation]. My policy number is [Policy Number].

I believe that the limitations set forth in your recent correspondence dated [Date of Correspondence] are not consistent with the agreed terms in my policy. Specifically, I would like to address the following points:

- Point 1: [Describe the specific limitation or issue]
- Point 2: [Provide evidence or reasoning]
- Point 3: [Mention any relevant policy clauses]

I kindly request a review of my case and a reconsideration of the limitations applied. I am prepared to provide any additional documentation you may need to facilitate this process.

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

Sincerely,

[Your Name]