

# Contested Insurance Coverage Response

[Your Name]

[Your Address]

[City, State ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State ZIP Code]

Subject: Response to Contested Insurance Coverage

Dear [Insurance Adjuster's Name],

I am writing in response to your recent communication dated [date of the contested coverage letter], regarding the denial of my claim [Claim Number] for [brief description of the nature of the claim].

I respectfully contest your decision based on the following grounds:

- [Ground 1: Brief explanation]
- [Ground 2: Brief explanation]
- [Ground 3: Brief explanation]

As per the terms and conditions outlined in my policy [Policy Number], I believe that my claim meets the necessary criteria for coverage. Enclosed are the relevant documents that support my position:

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

I request a thorough re-evaluation of my case and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]