

# Insurance Coverage Objection Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Objection to Insurance Coverage Decision

Dear [Insurance Adjuster's Name],

I am writing to formally object to your recent decision regarding my insurance coverage for [specific claim or policy number]. I believe that the decision made on [date of decision] is not in alignment with the terms of my policy and the facts surrounding my claim.

According to [relevant policy clause or regulation], I am entitled to [explain what you believe you are entitled to]. I have enclosed all necessary documentation that supports my position, including [list any relevant documents, such as previous communications, claim forms, or evidence].

I kindly request a thorough review of my case and look forward to your prompt response to this objection. I believe that we can reach an understanding that is fair and just.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]