

# 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 Policy Coverage Denial - Policy #[Policy Number]

Dear [Claims Adjuster/Recipient's Name],

I am writing to formally object to the denial of coverage regarding my insurance policy #[Policy Number]. I received your notice dated [Date of Denial Letter] which stated that [briefly state the reason for denial].

Upon reviewing my policy, I believe that the claim I submitted on [Date of Claim] for [describe the nature of the claim] falls under the coverage outlined in my policy. Specifically, [reference specific sections of the policy that support your claim].

I have attached [list any supporting documents, e.g., copies of the policy, previous correspondence, receipts] for your review. I believe these documents will clarify my position and support my claim for coverage.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution to my objection.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]