

Appeal for Named Driver Insurance Decision

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the decision regarding my named driver insurance policy (Policy Number: [Your Policy Number]). I was informed on [Date of Decision] that my application was denied for [reason for denial].

After reviewing the factors surrounding this decision, I believe there were misunderstandings that warrant reconsideration. [Briefly explain your side or any additional information you believe is relevant to your case. Provide any documentation, if necessary.]

I value the opportunity to work with [Insurance Company Name] and hope to resolve this matter promptly. Please find attached [mention any supporting documents].

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]