

Letter of Dispute Resolution

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

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

Subject: Business Interruption Insurance Claim Dispute - Policy Number: [Your Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision regarding my business interruption insurance claim, submitted on [date of claim submission]. My policy number is [Your Policy Number]. I believe that the denial of my claim for the period from [start date] to [end date] is unjustified based on the following grounds:

- [Detail your first reason for dispute]
- [Detail your second reason for dispute]
- [Detail any additional information or evidence supporting your claim]

I request a detailed explanation of the reasons for your decision, as well as a review of the accompanying documentation provided with my claim. In addition, I am eager to resolve this matter amicably and seek a fair settlement.

Please let me know a convenient time for us to discuss this matter further. I am hopeful for a prompt resolution to this issue.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Company Name, if applicable]