

Letter of Clarification Regarding Insurance Policy Disagreement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative/Claims Adjuster],

I hope this letter finds you well. I am writing to formally address and clarify my concerns regarding the disagreement with my insurance policy, numbered [Insert Policy Number], issued on [Insert Issue Date].

Specifically, I would like to discuss [describe the specific issue or disagreement, e.g., coverage denial, premium rate discrepancy, etc.]. On [Insert Date], I received [describe the document/statement, e.g., a letter, a claim denial, etc.] that stated [quote or summarize the relevant part of the document]. I believe this decision does not accurately reflect the terms outlined in my insurance policy.

According to [reference specific policy clause or language], I believe that [explain your reasoning or supporting argument]. I have attached [mention any supporting documents, e.g., policy documents, previous correspondence] to further substantiate my position.

I kindly request a thorough review of my case and a prompt response to this clarification. I appreciate your attention to this matter and look forward to resolving this disagreement amicably.

Thank you for your time and consideration. Please feel free to contact me at your earliest convenience to discuss this matter further.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]