

Demand for Resolution of Insurance Policy Inaccuracies

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Demand for Resolution of Insurance Policy Inaccuracies

Dear [Claims Adjuster/Customer Service Representative's Name],

I am writing to formally request a resolution regarding inaccuracies in my insurance policy, [Policy Number], held with [Insurance Company Name]. I have identified several discrepancies that require immediate attention, including [Briefly list inaccuracies--e.g., incorrect coverage limits, wrong personal information, etc.].

These inaccuracies not only affect my peace of mind but also my financial security and coverage eligibility. I have attached relevant documents supporting my claims for your review.

According to [insert relevant state insurance code or company policy], I expect a resolution to this matter within [insert timeline, e.g., 30 days from receipt of this letter]. Failure to address this issue may compel me to seek further action, which I hope can be avoided.

I appreciate your prompt attention to this matter and look forward to your swift response. Please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]