

# Insurance Coverage Disagreement Letter

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

[Date]

[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally contest the recent decision regarding my insurance claim (Claim Number: [Claim Number]) dated [Date of Claim Decision]. After reviewing the details provided in your letter, I disagree with the determination made about my coverage.

Specifically, I take issue with [briefly describe the specific points of disagreement, e.g., denied coverage for specific damages, incorrect policy interpretation, etc.]. According to my understanding of my policy, [provide reasoning that supports your position, referencing relevant sections of the policy].

Enclosed are copies of [list any supporting documents you are including, such as policy documents, correspondence, etc.]. I believe this additional information supports my appeal for a reassessment of my claim.

I request a thorough review of my claim and the coverage provided under my policy. I would appreciate a written response to this letter within [specify a reasonable timeframe, e.g., 30 days] so we can resolve this matter amicably.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]