

Appeal Against Insurance Premium Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Appeal for Wrongful Insurance Premium Assessment - Policy No: [Your Policy Number]

Dear [Insurance Company's Contact Name],

I am writing to formally appeal the recent assessment of my insurance premium under policy number [Your Policy Number]. I believe that the premium assessed is incorrect and does not accurately reflect the circumstances of my policy.

[Provide details about the reasons for your appeal, including any evidence or documentation that supports your claim. Explain any discrepancies you have identified in the assessment.]

In light of the above, I kindly request a thorough review of my policy and the associated premium calculation. I believe that a reevaluation will demonstrate that the assessed premium should be adjusted.

Thank you for your attention to this matter. I look forward to your prompt response and resolution of my appeal.

Sincerely,

[Your Name]