

Formal Appeal for Insurance Policy Renewal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the decision regarding the renewal of my insurance policy [Policy Number], which is set to expire on [Expiration Date]. After reviewing the circumstances surrounding this decision, I believe it merits further consideration.

[Briefly explain the reasons for your appeal and any pertinent information that supports your case, such as claims history, changes in personal circumstances, or any errors in the initial renewal decision.]

I appreciate your attention to this matter and kindly request a thorough review of my appeal. I am hopeful that we can come to a satisfactory resolution that allows for the continuation of my coverage.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]