

# Formal Complaint Regarding Inadequate Insurance Coverage

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Insurance Company Name  
Claims Department  
Insurance Company Address  
City, State, Zip Code

Dear Claims Manager,

I am writing to formally file a complaint regarding the inadequate coverage provided by my insurance policy (Policy Number: [Your Policy Number]) with [Insurance Company Name].

On [Date of Incident], I submitted a claim for [Brief Description of Claim]. Upon receiving your response, I was disappointed to find that the coverage offered was insufficient to cover the full extent of my losses, amounting to [Amount]. This has left me in a difficult financial situation.

I believe that my policy clearly indicates [Reference Policy Clause or Coverage Details], which I expected would cover my claims adequately. I kindly request a thorough review of my case and a detailed explanation as to why my coverage did not meet expectations.

Additionally, I have attached all relevant documentation supporting my claim for your review. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your time, and I hope to resolve this issue amicably.

Sincerely,  
[Your Name]