

Insurance Claim Dispute Resolution

Your Name

Your Address

Your City, State, Zip Code

Email: your.email@example.com

Phone: (123) 456-7890

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

**Subject: Dispute of Business Interruption Claim - Policy
#[Your Policy Number]**

Dear [Claims Adjuster's Name],

I am writing to formally dispute your recent decision regarding my business interruption claim associated with policy #[Your Policy Number]. My business, [Your Business Name], experienced significant losses due to [briefly explain the event that caused the interruption], which occurred on [date].

Despite providing all necessary documentation, including [list key documents submitted], I have received a denial of coverage for my claim. I believe this decision does not accurately reflect the terms of the policy or the circumstances of my claim.

In accordance with our policy guidelines, I respectfully request a reconsideration of my claim. I believe it is crucial to review the following points:

- [Point 1 - brief description]
- [Point 2 - brief description]
- [Point 3 - brief description]

I would appreciate a prompt response to this letter, and I am open to discussing this matter further. Please notify me of any steps I need to take in order to initiate a re-evaluation of my claim.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Business Name]