

Letter of Objection to Insurance Policy Transfer

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Objection to Insurance Policy Transfer - Policy Number [Insert Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally object to the transfer of my insurance policy (Policy Number: [Insert Policy Number]) as communicated in your recent correspondence dated [Insert Date of Correspondence].

My reasons for this objection are as follows:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I kindly request that you reconsider this transfer and retain my policy under my current terms. Please acknowledge the receipt of this letter and let me know how you propose to resolve this issue.

Thank you for your attention to this matter.

Sincerely,

[Your Name]