

Formal Complaint Regarding Coverage Exclusion

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

Customer Service Department
Insurance Company Name
Company Address
City, State, Zip Code

Dear Sir/Madam,

I am writing to formally express my dissatisfaction with the recent denial of coverage under my travel insurance policy (Policy Number: XYZ123456). On [date of incident], I filed a claim regarding [briefly describe the nature of the claim], which I was subsequently informed does not qualify for coverage due to [specific reason given for exclusion].

I believe that this exclusion is unfounded, as [provide reasons and supporting evidence or references to your policy regarding coverage]. On reviewing the terms of my policy, I found that [mention any relevant clauses or terms that support your complaint].

Thank you for your attention to this issue.

Sincerely,
Your Name