

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

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

Subject: Dispute of Claim No. [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision regarding my dwelling insurance claim (Claim No. [Claim Number]) submitted on [Date of Claim Submission].

[Briefly explain the details of the claim, the incident that led to the claim, and the insurer's decision that you are disputing.]

I believe the decision does not align with the policy terms or the circumstances surrounding my claim. [Provide specific reasons and any supporting documentation that strengthens your position, such as photographs, repair estimates, or eyewitness accounts.]

I kindly request a thorough review of my claim and reconsideration of your decision. I am prepared to provide any additional information necessary to assist in this review.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Policy Number]