

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

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

Subject: Appeal for Business Insurance Claim Denial - [Claim Number]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally appeal the denial of our recent insurance claim (Claim Number: [Claim Number]) submitted on [Date of Original Claim Submission].

[Provide a brief overview of the incident that led to the claim, including any pertinent details that support your case.]

We believe that this claim should be reconsidered based on the following points:

1. [Point 1: Explain why you believe the claim should be approved, citing specific policy language or coverage.]
2. [Point 2: Include any additional evidence or documentation that supports your argument.]
3. [Point 3: Mention any relevant information regarding previous correspondence or phone calls with the insurance company.]

Enclosed with this letter, you will find [list any attached documents, such as photographs, receipts, reports, etc.].

We appreciate your prompt attention to this matter and look forward to your timely response. Please feel free to contact me directly at [Your Phone Number] or [Your Email Address] should you need any further information or clarification.

Thank you for considering our appeal.

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]

Enclosures: [List of Documents]