

SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: [Date]

[Name of Claims Adjuster/Legal Department]

[Insurance Company Name]

[Street Address]

[City, State, Zip Code]

RE: Notice of Bad Faith and Demand for Reinstatement

Policy Number: [Policy Number]

Claim Number: [Claim Number]

Insured: [Your Name]

Dear [Name of Contact],

I am writing this formal letter to protest the rescission of the aforementioned insurance policy and the subsequent denial of my claim. After reviewing your notice dated [Date of Rescission Letter], I find your decision to be unjustified, lacking in factual merit, and a breach of the covenant of good faith and fair dealing.

Your company alleges that rescission is based on [mention the reason given by the insurer, e.g., material misrepresentation]. However, this assertion is incorrect because [provide brief factual correction, e.g., the information was disclosed, the error was clerical, or the omission was not material to the risk].

Under [State] law, an insurer cannot rescind a policy unless it can prove a material misrepresentation made with the intent to deceive. Your unilateral decision to void coverage after a claim was filed-despite accepting premiums-constitutes "post-claim underwriting," a practice widely recognized as bad faith.

DEMAND IS HEREBY MADE for the following:

- Immediate reinstatement of Policy #[Policy Number] effective from the original date of inception;
- Full processing and payment of the pending claim #[Claim Number];
- A written explanation of the specific evidence used to justify the rescission.

Please be advised that if this matter is not resolved within [Number, e.g., 10] business days, I will be forced to pursue further legal action. This includes filing a formal complaint with the [State] Department of Insurance and seeking all available damages, including compensatory damages, attorney fees, and punitive damages for bad faith conduct.

I look forward to your prompt response and the immediate rectification of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]