

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

[Date]

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

RE: Notice of Bad Faith - Wrongful Withholding of Policy Benefits

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Loss]

Dear [Adjuster Name],

I am writing to formally protest the [denial/delay/partial payment] of my claim regarding the loss occurring on [Date of Loss]. After reviewing the terms of my policy and the evidence provided, it is clear that the insurance company is wrongfully withholding benefits due to me under the contract.

Specifically, the company has failed to provide a reasonable basis for its decision because: [Briefly describe why the denial is wrong, e.g., ignored medical evidence, failed to conduct a proper investigation, or misinterpreted policy language].

Under the laws of [State Name], an insurer has an implied duty of good faith and fair dealing. By failing to pay benefits that are clearly owed, the company is acting in bad faith. This conduct includes, but is not limited to, the failure to perform a prompt and thorough investigation and the failure to provide a timely and honest explanation for the withholding of benefits.

This letter serves as a formal demand for the full payment of [Dollar Amount] within [Number, e.g., 10 or 14] business days. Please be advised that if this matter is not resolved immediately, I am prepared to pursue all legal remedies available, including filing a formal complaint with the State Department of Insurance and initiating litigation for breach of contract and bad faith damages.

I look forward to your prompt response and the immediate payment of my benefits.

Sincerely,

[Your Signature]
[Your Printed Name]