[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Confirmation of Business Interruption Claim Filing

Policy Number: [Insert Policy Number]
Claim Number: [Insert Claim Number]
Date of Loss: [Insert Date]

Dear [Policyholder Name],

This letter serves as formal confirmation that we have received your business interruption insurance claim filed on [Date].

Your claim has been assigned to a claims adjuster for review. The assigned adjuster is [Adjuster Name], who can be reached at [Adjuster Phone/Email]. They will contact you shortly to discuss the next steps in the evaluation process.

To help us process your claim efficiently, please ensure you have the following documentation ready if requested:

- Profit and loss statements
- Income tax returns
- Payroll records
- Utility bills and lease agreements
- Receipts for extra expenses incurred due to the interruption

You can track the status of your claim through our online portal using your claim number. We appreciate your patience as we conduct a thorough review of your submission.

If you have any immediate questions, please contact our claims department at [Phone Number].

Sincerely,

[Name of Representative]
[Title]
[Company Name]