

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

[Date]

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

RE: Acknowledgment of Commercial Liability Claim

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]
Insured: [Name of Insured Entity]

Dear [Policyholder Name],

We have received notification regarding the commercial liability claim filed under the policy referenced above. This letter serves as formal acknowledgment of your claim.

Your claim has been assigned to [Adjuster Name], who can be reached at [Adjuster Phone Number] or [Adjuster Email]. Your adjuster will be your primary point of contact during the investigation and evaluation process.

Next Steps:

- A thorough investigation of the facts and circumstances of the incident will be conducted.
- We may contact you to request additional documentation, such as incident reports, photos, or witness statements.
- We will review the terms and conditions of your policy to determine applicable coverage.

Please refrain from discussing the details of this claim with any third parties or their representatives without first consulting your assigned adjuster.

If you have any immediate questions, please feel free to contact us at your earliest convenience.

Sincerely,

[Adjuster Signature]
[Adjuster Name]
[Title]
[Company Name]