

[Company Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

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

**RE: Notice of Investigation - Business Interruption Claim**

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

Dear [Policyholder Name],

We have received your recent claim for business interruption losses resulting from [Briefly describe the cause of loss, e.g., fire, flood, etc.] at your premises located at [Premises Address].

This letter is to formally notify you that we are initiating an investigation into this claim to determine the extent of coverage available under your policy. This investigation will include a review of the circumstances surrounding the loss and an evaluation of the financial impact on your business operations.

To assist us in our evaluation, please provide the following documentation within [Number] business days:

- Profit and Loss statements for the 12 months preceding the loss.
- Income tax returns for the past two years.
- Business licenses and lease agreements.
- Records of payroll and fixed operating expenses during the period of interruption.
- Any documentation regarding the mitigation of losses or temporary relocation.

We have assigned [Adjuster Name] as the lead adjuster for this file. They may contact you to schedule a site visit or to request further information. You can reach them directly at [Adjuster Phone Number] or [Adjuster Email].

Please note that this letter does not constitute an admission of liability or a guarantee of payment. [Company Name] reserves all rights and defenses under the terms and conditions of the insurance policy.

Thank you for your cooperation as we process this claim.

Sincerely,

[Your Name]

[Your Title]

[Company Name]