SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: [Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Notice of Reservation of Rights
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]
Subject: [Brief Description of Incident/Claim]

Dear [Policyholder Name],

We are in receipt of the notice regarding the above-referenced claim, which was reported to us on [Date Claim Reported].

Upon preliminary review, it appears that the incident occurred on [Date of Loss]. Your insurance policy requires that notice of an occurrence or claim be provided to us [as soon as practicable / promptly / within X days]. Because this matter was not reported until [Number] months/days after the date of loss, a question exists as to whether timely notice was provided in accordance with the terms and conditions of your policy.

RESERVATION OF RIGHTS

Please be advised that [Insurance Company Name] is moving forward with an investigation of this claim subject to a full Reservation of Rights. This means that while we are investigating or defending this matter, we are not waiving our right to later deny coverage based on late notice or any other policy provision, term, or exclusion that may apply.

Specifically, we direct your attention to the following section(s) of your policy: [Insert Specific Policy Language Regarding Duties After Loss/Notice].

Our investigation may include, but is not limited to, determine if the delay in reporting has prejudiced our ability to investigate the facts, interview witnesses, or evaluate the damages.

Neither this letter, nor any actions taken by [Insurance Company Name] in the investigation or defense of this claim, should be construed as an admission of liability or an acknowledgement that coverage exists for this loss.

We will notify you in writing of our final coverage determination once our investigation is complete. If you have any additional information that may explain the delay in reporting, please submit it to the undersigned immediately.

Sincerely,

[Adjuster Name]
[Title]
[Insurance Company Name]