CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: [Insert Date]

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

RE: Notice of Reservation of Rights

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss: [Insert Date of Loss]
Subject: Failure to Cooperate

Dear [Policyholder Name],

We are writing to you regarding the claim referenced above. [Company Name] is currently investigating this matter; however, we have encountered difficulties obtaining your necessary cooperation as required by the terms of your insurance policy.

Specifically, we have requested the following information/actions which remain outstanding:

- [Detail specific request 1, e.g., Written statement regarding the incident]
- [Detail specific request 2, e.g., Production of requested documents]
- [Detail specific request 3, e.g., Access to the insured property for inspection]

Your insurance policy contains a "Duties After Loss" or "Assistance and Cooperation" provision which states: *"[Insert exact quote from policy regarding the duty to cooperate]."*

Please be advised that [Company Name] is proceeding with the investigation of this claim under a **Reservation of Rights**. This means that while we are continuing to investigate, we reserve the right to deny coverage for this claim, in whole or in part, should it be determined that your failure to cooperate has prejudiced our ability to investigate or defend the matter.

No action taken by [Company Name] during the investigation, including any settlement discussions or defense of the claim, should be construed as a waiver of any terms, conditions, or exclusions contained in the policy.

To avoid a potential denial of coverage, please provide the requested information or contact the undersigned at [Phone Number] no later than [Deadline Date].

Sincerely,

[Adjuster Name]
[Title]
[Company Name]