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

[Date]

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

RE: Reservation of Rights
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]
Subject Driver: [Unlisted Driver Name]

Dear [Policyholder Name],

This letter is to formally advise you that [Insurance Company Name] is investigating the motor vehicle accident that occurred on [Date of Loss] involving a vehicle insured under the above-referenced policy. At the time of the accident, the vehicle was being operated by [Unlisted Driver Name].

We have noted that [Unlisted Driver Name] is not listed as a rated driver on your insurance policy. Consequently, a question has arisen regarding whether coverage exists for this loss under the terms and conditions of your policy. Specific areas of concern include, but are not limited to:

- Whether the driver qualifies as an "insured" under the policy definitions.
- Whether the driver is a regular operator of the vehicle who should have been disclosed.
- Whether the driver is a household resident who was not reported to the company.
- Whether any policy exclusions regarding unlisted or unauthorized drivers apply.

While we continue our investigation into this matter, [Insurance Company Name] is proceeding under a **Reservation of Rights**. This means that any actions taken by us-including investigating the claim, engaging in settlement discussions, or providing a legal defense-shall not be construed as an admission of liability or a waiver of any rights to deny coverage at a later date.

We reserve the right to deny coverage for this claim should our investigation reveal that the circumstances of the loss or the status of the driver fall outside the scope of the insurance contract.

We will notify you in writing of our final coverage determination once our investigation is complete. In the meantime, please cooperate fully with our adjusters and provide any requested documentation regarding the driver's residency and frequency of use of the vehicle.

Sincerely,

[Claims Adjuster Name]
[Title]
[Phone Number]