

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

[Date]

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

**RE: Notice of Claim Approval and Issuance of Funds**

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Incident]

Dear [Policyholder Name],

We have completed the review of your Business Interruption claim regarding the loss of income incurred during the period of [Start Date] to [End Date]. We are pleased to inform you that your claim has been approved.

Based on the financial documentation provided and the terms of your insurance policy, the settlement calculation is as follows:

- Gross Loss of Income: \$[Amount]
- Less Policy Deductible: \$[Amount]
- **Total Payment Amount: \$[Amount]**

Payment has been issued via [Check / Electronic Transfer] on [Date]. If receiving a check, please allow 5-7 business days for delivery. If receiving an electronic transfer, the funds should appear in your account within 48 hours depending on your financial institution.

By accepting this payment, you acknowledge that this fulfills the obligations for the specific period of interruption stated above. This approval does not waive any terms, conditions, or exclusions of your policy regarding future or unrelated claims.

If you have any questions regarding this settlement or require further assistance, please contact your claims adjuster, [Adjuster Name], at [Adjuster Phone/Email].

Sincerely,

[Signature]  
[Name of Representative]

[Title]

[Insurance Company Name]