

[Company Name]  
[Claims Department]  
[Address Line 1]  
[Address Line 2]

[Date]

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

**RE: Notice of Claim Approval and Payment**

Claim Number: [Claim Number]  
Policy Number: [Policy Number]  
Date of Loss: [Date of Loss]  
Property Location: [Property Address]

Dear [Policyholder Name],

We have completed our evaluation of the commercial property damage claim reported on [Date of Loss]. Based on our assessment and the documentation provided, we are pleased to inform you that your claim has been approved.

The total adjusted amount for your loss is \$[Total Amount]. This settlement was calculated as follows:

- Replacement Cost / Actual Cash Value: \$[Amount]
- Less Deductible: - \$[Amount]
- Less Prior Payments (if any): - \$[Amount]
- **Net Payment Amount: \$[Check Amount]**

Enclosed with this letter, please find check number [Check Number] issued in the amount of \$[Check Amount]. This payment represents the [Final/Partial] settlement for your claim regarding [Brief Description of Damage].

Please note that acceptance of this payment does not waive your right to seek additional coverage should supplemental damages be discovered during the repair process. If additional damage is found, please contact your adjuster immediately before proceeding with further repairs.

If you have any questions regarding this settlement or the calculation of your benefits, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Adjuster Name]  
[Title]  
[Company Name]

Enclosure: Check #[Check Number]