

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Re: Notice of Partial Claim Denial and Coverage Explanation

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Loss]

Property Location: [Insured Property Address]

Dear [Policyholder Name],

We have completed our investigation of your claim regarding reported wind/hail damage to your roof. Based on our inspection, we have determined that while a portion of your claim is covered, certain items are excluded from coverage under the terms of your policy.

Summary of Coverage Decision

The inspection confirmed structural damage to [Specific Areas, e.g., North Slope/Vents], which is a covered loss. However, the request for a full roof replacement is partially denied. The damage to the remaining areas consists of superficial marring, pitting, or discoloration that does not affect the functional integrity of the roofing material (its ability to shed water).

Applicable Policy Language

Your policy contains a **Cosmetic Loss Exclusion**, which states:

"[Insert exact verbatim wording from the policy endorsement regarding cosmetic damage, e.g., 'We do not cover cosmetic loss or damage to roof coverings caused by wind or hail. Cosmetic loss or damage means any loss that alters the physical appearance of the roof covering but does not result in the penetration of water through the roof covering or diminish the ability of the roof covering to perform its intended function.']"

Explanation of Findings

Our field adjuster noted that the impact marks on the [South/East/West] slopes are aesthetic in nature. Because these marks have not compromised the water-shedding capabilities of the shingles or caused functional failure, they fall under the Cosmetic Loss Exclusion cited above. Therefore, coverage is limited to the repair of the functionally damaged sections only.

Payment Information

An estimate for the covered functional repairs is enclosed. Your payment has been calculated as follows:

- Total Replacement Cost Value (RCV) of Functional Damage: \$[Amount]
- Less Deductible: -[Amount]
- Less Depreciation (if applicable): -[Amount]
- **Net Claim Check: \$[Amount]**

If you have additional information or documentation that you believe would change this assessment, please submit it to our office for review. You may also contact your claims adjuster, [Adjuster Name], at [Phone Number] with any questions.

Sincerely,

[Adjuster Name]

[Title]

[Insurance Company Name]

Enclosure: Damage Estimate