

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

## **Re: Notice of Partial Claim Denial and Explanation of Coverage**

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Loss]

Dear [Insured Contact Name],

We have completed our initial review of your claim for business interruption losses resulting from the incident on [Date of Loss].

Based on our evaluation, we have determined that a portion of your claim is eligible for coverage; however, certain requested amounts have been denied. Please find the breakdown and explanation below.

### **1. Approved Coverage**

We have approved the following items under the Business Income provision of your policy:

- [Itemized approved loss 1]: \$[Amount]
- [Itemized approved loss 2]: \$[Amount]

A payment in the amount of \$[Total Approved Amount] is being processed.

### **2. Partial Denial and Basis for Decision**

The following portions of your claim have been denied:

- **Requested Item:** [Description of denied item, e.g., Lost revenue beyond restoration period]
- **Reason for Denial:** [Insert specific policy exclusion or limitation]. Under Section [Section Number] of your policy, coverage is limited to [Explanation of limitation].

### **3. Policy Provisions**

Our decision is based on the following policy language:

*"[Insert exact quote from policy regarding the limitation or exclusion]"*

### **4. Your Rights**

If you have additional documentation or information that you believe would change this assessment, please submit it for our review. You also have the right to have this decision reviewed by our internal appeals department or to contact the [State] Department of Insurance.

Should you have any questions regarding this letter, please contact me directly at [Phone Number].

Sincerely,

[Adjuster Name]

[Adjuster Title]

[Insurance Company Name]