

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Notice of Claim Denial

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]
Type of Loss: [Type of Loss]

Dear [Insured Name],

We have completed our investigation regarding the claim you submitted on [Date Claim Reported]. After a thorough review of the facts and the terms of your insurance policy, we must inform you that we are unable to make any payment on this claim.

Our decision is based on the following specific policy exclusion(s):

Policy Provision:

"[Insert exact text from the policy regarding the exclusion]"

Reason for Denial:

Our investigation determined that [provide a brief factual explanation of how the loss falls under the exclusion]. Because the circumstances of this loss meet the criteria of the exclusion mentioned above, your policy does not provide coverage for this incident.

If you have additional information or documentation that you believe would change this determination, please submit it to our office for further review. You also have the right to have this decision reviewed by [State Department of Insurance or Internal Appeals Department].

We regret that we could not provide a more favorable response. Please contact me at [Phone Number] if you have any questions regarding this letter.

Sincerely,

[Adjuster Name]
[Title]
[Insurance Company Name]