

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

RE: Notice of Claim Denial

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Loss]

Dear [Policyholder Name],

We have completed our review of the claim you submitted regarding the incident occurring on [Date of Loss]. After a thorough investigation of the facts and a review of your policy terms, we regret to inform you that we are unable to provide coverage for this loss.

This denial is based on the following specific policy exclusion(s):

"[Insert exact verbatim text from the policy exclusion section here]"

Under Section [Insert Section/Page Number] of your policy, it is stated that [Briefly explain how the exclusion applies to the specific facts of the claim]. Because the circumstances of your claim fall under this exclusion, no benefits are payable.

Please review your policy documents to familiarize yourself with the terms, conditions, and exclusions of your coverage. If you believe there is additional information or documentation that we have not yet considered, please submit it to our office for further review.

If you disagree with this decision, you have the right to appeal. Details regarding our internal appeals process can be found [in the attached document/on our website]. You may also contact your state's Department of Insurance if you have questions regarding insurance regulations.

Thank you for your cooperation during this process.

Sincerely,

[Adjuster Name]

[Title]

[Company Name]

[Phone Number]