

[Date]

[Claimant Name]

[Claimant Address]

[City, State, Zip Code]

Re: Notice of Claim Denial

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

Date of Loss: [Insert Date]

Dear [Claimant Name],

We have completed our review of the claim submitted for the loss occurring on [Date]. After a thorough investigation and a review of the terms and conditions of your insurance policy, we must formally inform you that your claim is denied in full.

This decision is based on the following policy provision(s):

**[Insert Policy Section/Title, e.g., Section II - Exclusions]**

*"[Quote the specific exclusionary language from the policy here]"*

The investigation determined that the cause of loss, [Briefly describe the event], falls directly under the exclusion cited above. Because the circumstances of this loss are specifically excluded from coverage under your policy, we are unable to make any payment on this claim.

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 [Insert State Regulatory Body or Internal Appeals Department] if you disagree with our findings.

Sincerely,

[Adjuster Name]

[Title]

[Company Name]