

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Claim Denial

Policy Number: [Policy Number]

Claim Number: [Claim Number]

Date of Loss: [Date of Incident]

Dear [Policyholder Name],

We have completed our review of the claim submitted on [Date] regarding [brief description of incident].

We regret to inform you that we are unable to provide coverage for this claim. After a thorough investigation, it has been determined that the circumstances of the loss fall under specific exclusions outlined in your insurance policy.

Specifically, your policy contains the following exclusion:

"[Insert exact wording/section from policy regarding the exclusion]"

As the incident in question involves [reason why it matches the exclusion], it is not a covered peril under the terms of your agreement. Consequently, we cannot issue payment for the damages or services requested.

If you have additional information or documentation that you believe would change this assessment, please submit it to our office for further review. You also have the right to appeal this decision by [describe appeal process or contact state department of insurance].

If you have any questions regarding this letter, please contact your claims adjuster at [Phone Number] or [Email Address].

Sincerely,

[Name of Adjuster/Representative]

[Title]

[Insurance Company Name]