

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

RE: Notice of Claim Denial

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Loss]

Dear [Insured Name],

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

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

"[Insert exact wording from the policy exclusion section here]"

Specifically, our investigation determined that [provide a brief factual explanation of how the incident meets the criteria of the exclusion]. Because the circumstances of this loss fall directly under the aforementioned exclusion, no benefits are payable under your policy.

Please note that this letter addresses only the specific provisions mentioned above and does not waive any other terms, conditions, or exclusions contained within your policy. We reserve the right to rely on additional policy language should further information become available.

If you have additional information that you believe would change this determination, or if you wish to appeal this decision, please submit your request in writing to [Department Name/Contact Person] within [Number] days.

Sincerely,

[Adjuster Name]

[Title]

[Insurance Company Name]