

[Company Name]
[Claims Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Claimant Name]
[Claimant Address]
[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: [Loss Description]

Dear [Claimant Name],

We have completed our investigation and evaluation of your claim for the loss 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 make any payment on this claim.

Your claim is being denied based on the following specific policy exclusion(s):

Relevant Policy Language:

"[Insert exact quote of the exclusion from the policy document]"

Reason for Denial:

Our investigation determined that [Provide a factual explanation of how the loss meets the criteria of the exclusion]. Because the circumstances of this loss fall directly under the exclusion cited above, there is no coverage available for this claim under your policy.

Please review your policy documents for further details regarding your coverage and exclusions. If you have additional information or documentation that you believe would change this determination, please submit it to our office for review.

If you disagree with this decision, you have the right to [Insert internal appeal process instructions or contact information for the State Department of Insurance].

Sincerely,

[Adjuster Name]
[Title]
[Company Name]