

[Date]

[Policyholder Name]

[Address Line 1]

[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 investigation into the claim you submitted on [Date] regarding [Brief Description of Incident]. After a thorough review of the facts and the terms of your insurance policy, we regret to inform you that we are unable to provide coverage for this loss.

Our decision is based on the following standard policy exclusion(s):

**Policy Provision:**

Section [Number], Page [Number] of your policy states: "[Insert Exact Verbatim Quote of the Exclusion Clause from the Policy]".

**Reason for Denial:**

Based on our investigation, the circumstances of your claim fall under the exclusion mentioned above because [Specific explanation of how the facts of the claim meet the exclusion criteria]. Therefore, no payment can be made on this claim.

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 have this decision reviewed by [State Department of Insurance / Internal Appeals Department].

Thank you for your cooperation during this process.

Sincerely,

[Adjuster Name]

[Title]

[Insurance Company Name]