

[Date]
[Policyholder Name]
[Address]
[City, State, Zip Code]

RE: Notice of Coverage Decision

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]

Dear [Policyholder Name],

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

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

Policy Language:

"[Insert verbatim text from the policy exclusion section here]"

Reason for Denial:

Our investigation determined that [Insert explanation of how the facts of the claim meet the criteria of the exclusion]. Because the circumstances of this loss fall directly under the exclusion(s) mentioned above, no benefits are available under your policy for 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 [Insert State Department of Insurance or Internal Appeals Department].

We regret that we could not provide a more favorable response. If you have any questions regarding this letter, please contact me directly at [Phone Number].

Sincerely,

[Adjuster Name]
[Title]
[Company Name]