

[Date]

[Claimant Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of Final Claim Determination**

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

Date of Loss: [Insert Date of Loss]

Dear [Claimant Name],

We have completed our formal review of the claim submitted for the loss referenced above. After a thorough investigation and evaluation of the facts, we regret to inform you that your claim has been denied in its entirety.

**Reason for Denial:**

Our decision is based on the specific terms and conditions set forth in your insurance policy. Specifically, the following exclusion(s) apply to this loss:

*[Insert specific policy language and section/clause number here]*

Based on our investigation, it was determined that [Insert brief factual explanation of why the exclusion applies to the incident]. Because the circumstances of this loss fall under the aforementioned exclusion(s), no coverage is available, and no payment can be issued.

**Your Right to Appeal:**

If you disagree with this final determination, you have the right to request an internal appeal. To do so, please submit a written request within [Number of Days] days of the date of this letter. You should include any additional documentation, evidence, or information that you believe may impact our decision.

Please send your appeal to:

[Appeals Department Name]

[Mailing Address]

[Email Address/Fax Number]

You may also contact your State Department of Insurance if you believe this claim has been handled unfairly.

If you have any questions regarding this letter, please contact your claims representative at [Phone Number].

Sincerely,

[Name of Adjuster/Representative]

[Title]

[Company Name]