

[Company Name]
[Company Address]
[City, State, Zip Code]
[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]

Dear [Claimant Name],

We have completed our investigation into the claim submitted on [Date of Loss] 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.

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

Policy Section: [Insert Section Name/Number]

Exclusion Language: "[Insert Exact Quote from Policy Regarding the Exclusion]"

Our investigation determined that [Provide Clear Reason Why the Incident Falls Under the Exclusion]. Because the circumstances of this loss meet the criteria of the aforementioned exclusion, no benefits or payments can be issued under your policy for this claim.

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 provisions should further information become available.

If you have additional information or documentation that you believe would impact this decision, please submit it to our office for reconsideration. You also have the right to contact the [State] Department of Insurance if you wish to dispute this finding.

Sincerely,

[Adjuster Name]
[Adjuster Title]
[Phone Number]
[Email Address]