

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[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 review of the claim you submitted regarding [briefly describe the incident]. After a thorough investigation of the facts and a review 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 specific exclusion(s) found within your policy agreement:

Policy Provision:

[Insert Quote of Specific Policy Language/Exclusion Clause]

Reason for Denial:

[Explain how the facts of the claim meet the criteria of the exclusion. For example: "The damage was caused by [Event], which is specifically listed as an excluded peril under the section mentioned above."]

Because the cause of loss falls under the exclusions of your policy, no payment can be made on this claim. We have closed our file regarding this matter.

If you have additional information or documentation that you believe would change this determination, or if you believe we have misinterpreted the facts of your claim, please submit them to our office for further review.

If you wish to dispute this decision, you may contact our internal appeals department or your state's Department of Insurance.

Sincerely,

[Adjuster Name]
[Title]
[Company Name]