

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

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

Re: Notice of Claim Denial  
Claim Number: [Claim Number]  
Policy Number: [Policy Number]  
Date of Incident: [Date of Incident]

Dear [Policyholder Name],

We have received your claim regarding the incident reported on [Date of Report]. After a thorough review of your policy and the details of the event, we must inform you that we are unable to provide coverage for this claim.

Our records indicate that the incident occurred on [Date of Incident]. However, the insurance policy referenced above was not active during that period. Specifically, your coverage [was cancelled on / expired on / did not begin until] [Date].

According to the terms and conditions of your policy, coverage is only provided for losses or incidents that occur within the active policy period. Because the date of this incident falls outside of the effective dates of your coverage, we cannot provide indemnification or defense for this matter.

If you have documentation showing that the policy was active on the date of the incident, or if you believe this information is incorrect, please submit supporting evidence to our office for further review.

Sincerely,

[Name of Adjuster/Representative]  
[Title]  
[Company Name]