

[Date]

[Claimant Name]

[Address Line 1]

[Address Line 2]

RE: Notice of Denial of Coverage

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Incident: [Date of Incident]

Dear [Claimant Name],

We have received and reviewed your claim regarding the incident reported on [Date of Incident]. After a thorough review of our records, we must inform you that we are unable to provide coverage for this matter.

Our records indicate that the insurance policy referenced above expired on [Policy Expiration Date]. As the reported incident occurred on [Date of Incident], the policy was no longer in effect at the time of the loss.

Because the coverage had lapsed prior to the date of the incident, [Insurance Company Name] cannot assume liability or provide payment for any damages or expenses related to this claim.

If you believe this information is incorrect or if you have documentation showing the policy was renewed or active on the date of the incident, please provide those documents to our office immediately for reconsideration.

Sincerely,

[Name of Adjuster/Representative]

[Title]

[Insurance Company Name]

[Phone Number]