

[Sender Name/Company Name]  
[Sender Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**RE: Notice of Non-Covered Incident Date**

Claim Number: [Claim Number]  
Policy Number: [Policy Number]  
Date of Incident: [Incident Date]

Dear [Recipient Name],

We have completed our review of the claim submitted regarding the incident reported on [Date]. We are writing to formally notify you that the date of this incident does not fall within the active coverage period of your policy.

Our records indicate that your policy coverage was [Active/Effective] from [Start Date] to [End Date]. Because the incident occurred on [Incident Date], which is outside of these parameters, we are unable to provide coverage or indemnification for any damages or losses associated with this specific event.

If you believe there has been an error regarding the reported date of the incident or your policy effective dates, please provide supporting documentation, such as a police report or updated policy declarations, for further review.

If you have any questions regarding this decision, please contact [Department/Name] at [Phone Number].

Sincerely,

[Signature]  
[Typed Name]  
[Title]