

[Date]

[Claimant Name]

[Claimant Address]

[City, State, Zip Code]

Re: Notice of Inactive Policy Status

Claim Number: [Claim Number]

Date of Loss: [Date of Loss]

Policy Number: [Policy Number]

Dear [Claimant Name],

We have received your claim regarding the incident that occurred on [Date of Loss].

After reviewing our records, we must inform you that we are unable to provide coverage for this claim. Our investigation shows that the insurance policy listed above was not active on the date the loss occurred.

The policy status was inactive due to: [Insert Reason: e.g., non-payment, expiration, or cancellation effective Date].

Because there was no coverage in effect at the time of the incident, we cannot process payments or provide a defense for any claims arising from this matter. If you have documentation showing that the policy was active on [Date of Loss], please submit it to our office immediately for reconsideration.

If you have any questions regarding this notification, please contact me directly at [Phone Number].

Sincerely,

[Adjuster Name]

[Company Name]