[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Suspected Material Misrepresentation and Claim Investigation

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

Dear [Insured Name],

We are currently reviewing the claim filed under the aforementioned policy. During our initial evaluation, information has come to our attention that suggests a potential material misrepresentation regarding [Briefly state area of concern, e.g., application details, prior loss history, or circumstances of the current loss].

As a result, [Insurance Company Name] is conducting a formal investigation to determine the accuracy of the information provided at the time of application and/or during the claim reporting process. A material misrepresentation occurs when information that is vital to the issuance of the policy or the assessment of a claim is omitted, concealed, or misrepresented.

Please be advised that this letter serves as a Reservation of Rights. Our investigation into this matter does not constitute an admission of liability or a waiver of any terms, conditions, or defenses available to us under the policy or applicable law. We reserve the right to deny coverage or void the policy should our investigation confirm that material misrepresentations were made.

To assist in our review, we require the following documentation and/or actions from you by [Deadline Date]:

- [Item 1: e.g., Notarized Statement]
- [Item 2: e.g., Proof of Residency]
- [Item 3: e.g., Examination Under Oath (EUO)]

Failure to cooperate with this investigation may result in the denial of your claim based on the policy's cooperation clause.

If you have any questions regarding this notice, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Adjuster Name]
[Title]
[Insurance Company Name]