[Company Letterhead]

[Date]

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

RE: Notice of Examination Under Oath (EUO)

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

Dear [Insured Name],

Pursuant to the terms and conditions of your insurance policy, [Insurance Company Name] is exercising its right to conduct an Examination Under Oath (EUO) regarding the above-referenced claim. This examination is part of our ongoing investigation into the facts, circumstances, and merits of your claim.

The examination has been scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Physical Address or Virtual Platform Link]

The examination will be conducted before a Notary Public or Court Reporter. You are required to provide testimony under oath. You have the right to be represented by legal counsel at this proceeding, at your own expense, should you choose to do so.

Furthermore, you are required to produce the following documents for inspection on or before the date of the examination:

- [Document Request 1]
- [Document Request 2]
- [Document Request 3]

Please be advised that cooperation with this examination is a condition precedent to coverage under your policy. Failure to appear or provide the requested documentation may result in a denial of your claim.

Please confirm your attendance by [Date] by contacting [Adjuster/Attorney Name] at [Phone Number] or [Email].

Sincerely,

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