[Date]

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

RE: Notice of Claim Investigation

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

Dear [Insured Name],

We are writing to acknowledge receipt of the commercial insurance claim submitted on [Date] regarding [brief description of loss/incident].

Please be advised that [Insurance Company Name] has initiated a formal investigation into the circumstances surrounding this claim. This process is a standard procedure when discrepancies or inconsistencies are identified during the initial review of documentation or reported facts.

To facilitate this investigation, we require the following items within [Number] business days:

- [Item 1: e.g., Original purchase receipts or invoices]
- [Item 2: e.g., Notarized Proof of Loss form]
- [Item 3: e.g., Security camera footage or digital logs]
- [Item 4: e.g., Inventory records for the past 6 months]

We may also require a formal Examination Under Oath (EUO) or a recorded interview with relevant personnel. Our Special Investigations Unit (SIU) representative, [Adjuster Name], will contact you to coordinate these requirements.

Please note that this investigation is being conducted under a full Reservation of Rights. No action taken by [Insurance Company Name] during this investigation shall be construed as a waiver of any rights, defenses, or policy provisions available to us under the insurance contract or applicable law.

Failure to cooperate fully with this investigation may result in the denial of your claim as per the terms and conditions of your policy.

If you have any questions, please contact the undersigned directly.

Sincerely,

[Signature]
[Name of Investigator/Adjuster]
[Title]
[Insurance Company Name]
[Phone Number]
[Email Address]