[Company Letterhead/Logo]

[Current Date]

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

RE: Acknowledgment of Claim Appeal

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss: [Insert Date]
Appellant/Claimant: [Insert Name]

Dear [Policyholder Name],

This letter is to formally acknowledge that we have received your request to appeal the decision made regarding the commercial liability claim referenced above. Your appeal was received on [Insert Date Appeal Received].

Your file has been assigned to our Appeals Committee for a formal review. This process involves a comprehensive evaluation of the original claim determination, as well as any new information or documentation you provided with your appeal request.

Please be advised of the following timeline:

- The review process typically takes [Insert Number, e.g., 30] business days.
- If additional information is required from you or a third party, we will notify you in writing.
- Once the review is complete, you will receive a formal written decision regarding the outcome of the appeal.

During this period, if you have additional evidence or documentation that you believe is relevant to this case, please submit it as soon as possible to [Insert Email Address or Fax Number] and reference your claim number.

Should you have any questions regarding the status of this appeal, please contact our Appeals Department at [Insert Phone Number] between the hours of [Insert Hours].

Thank you for your patience during this review process.

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]