[Company Name]
[Claims Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: Acknowledgment of Damage Claim Appeal

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Property Address: [Loss Location Address]

Dear [Policyholder Name],

We are writing to formally acknowledge receipt of your appeal request dated [Date of Appeal Letter], regarding the settlement decision for your homeowners insurance claim.

Your appeal has been assigned to our Appeals Review Team. We will conduct a comprehensive review of your claim file, including the original adjustment report, any new documentation or evidence you provided, and the terms of your policy.

Our goal is to provide a final determination within [Number, e.g., 15 or 30] business days. If we require additional inspections or information from third parties, we will notify you in writing regarding the extension of this timeline.

No further action is required from you at this time. We will contact you once the review is complete.

If you have any immediate questions, please contact your assigned appeals representative, [Representative Name], at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Representative]
[Title/Appeals Department]
[Insurance Company Name]