[Date]

[Claimant Name]
[Claimant Address]
[City, State, Zip Code]

Re: Final Appeal Determination

Claim Number: [Claim Number]
Date of Loss: [Date of Incident]
Property Location: [Address of Damage]

Dear [Claimant Name],

This letter serves as formal notification that we have completed our final review of your appeal regarding the property damage claim referenced above. After a comprehensive evaluation of all documentation, including the additional information provided in your appeal dated [Date of Appeal], we must respectfully uphold our original decision to deny the claim.

Our final determination is based on the following factors:

- [Reason 1: e.g., The damage falls under a specific policy exclusion]
- [Reason 2: e.g., Evidence confirms the damage existed prior to the incident]
- [Reason 3: e.g., Lack of liability found under applicable statutes]

Please be advised that this represents the final administrative level of appeal within [Company/Agency Name]. No further internal reviews will be conducted regarding this specific matter.

If you disagree with this final determination, you may have the right to seek independent legal counsel or contact your state's Department of Insurance/Regulatory Oversight Body. Please note that there may be statutory time limits (Statutes of Limitations) that apply should you choose to pursue further legal action.

Sincerely,

[Name of Adjuster/Appeals Officer]
[Title]
[Company Name]
[Phone Number]