[Date]

[Claimant Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: FINAL DETERMINATION ON APPEAL

Claim Number: [00000000]
Policy Number: [00000000]
Insured Name: [Insured Name]
Date of Loss: [Date]

Dear [Claimant Name],

This letter serves as the final determination regarding the appeal of your liability claim. We have completed a comprehensive secondary review of all information provided, including the additional documentation submitted on [Date of Appeal].

Decision

After a thorough re-evaluation of the facts and the applicable policy language, [Insurance Company Name] has decided to [uphold the original denial / partially accept liability / reverse the original decision].

Basis for Determination

Our decision is based on the following findings:

- [Insert specific policy provision or exclusion]
- [Insert summary of factual findings/evidence]
- [Insert explanation of why the appeal did or did not change the outcome]

Finality of Decision

This concludes our internal administrative appeal process. No further internal reviews will be conducted regarding this specific claim determination.

Your Rights

If you disagree with this final determination, you may have the right to pursue further action, including:

- Contacting the [State Name] Department of Insurance.
- Seeking independent legal counsel.

- Pursuing arbitration or mediation as outlined in the policy.

Sincerely,

[Adjuster/Manager Name]
[Title]
[Insurance Company Name]
[Phone Number]