

[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

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

RE: Notice of Adverse Action Regarding Insurance Application

Dear [Applicant Name],

Thank you for your recent application for [Type of Insurance, e.g., Homeowners/Auto] insurance. After careful review, we regret to inform you that we are unable to provide coverage at this time based on information contained in your personal claims history report.

Our decision was influenced, in whole or in part, by information provided by the following consumer reporting agency:

LexisNexis Risk Solutions
Consumer Center
P.O. Box 105108
Atlanta, GA 30348-5108
Telephone: 1-866-312-8075

Please be advised that LexisNexis Risk Solutions did not make the decision to deny your application and is unable to provide you with the specific reasons for our decision. However, under the Fair Credit Reporting Act (FCRA), you have the following rights:

- The right to obtain a free copy of your Comprehensive Loss Underwriting Exchange (C.L.U.E.) report from the agency listed above, provided you request it within 60 days of receiving this letter.
- The right to dispute the accuracy or completeness of any information contained in the report directly with the reporting agency.

If there are errors in your report, we encourage you to resolve them with LexisNexis. Once any inaccuracies are corrected, you may request a re-evaluation of your application.

Sincerely,

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