

[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Notice of Commercial General Liability Claim

Policyholder: [Your Company Name]
Policy Number: [Your Policy Number]
Date of Incident: [Date of Loss/Accident]
Location of Incident: [Address or Description of Location]

To Whom It May Concern,

Please accept this letter as formal notification of a claim under the above-referenced Commercial General Liability policy.

Description of Incident:

[Provide a brief, factual description of what happened. Do not admit fault.]

Parties Involved:

[Name of Claimant/Injured Party]
[Contact Information for Claimant]
[Witness Names and Contact Info]

Damages/Injuries:

[Briefly describe the nature of the property damage or bodily injury reported.]

Enclosed are the following supporting documents: [List any police reports, photos, or legal summons received].

Please assign a claims adjuster to this matter and provide us with a claim number for our records. We look forward to your acknowledgment of this notice and your guidance on the next steps in the investigation process.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]