[Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Coverage Denial - New Vehicle Endorsement Request

Policy Number: [Policy Number]
Claim/Reference Number: [Reference Number]
Vehicle Year/Make/Model: [Year, Make, Model]

Dear [Insured Name],

We have reviewed your request for a New Vehicle Endorsement regarding the vehicle listed above. After careful evaluation of your policy terms and the documentation provided, we regret to inform you that we are unable to provide this coverage at this time.

This denial is based on the following reason(s):

- [Insert Reason: e.g., Vehicle age exceeds eligibility requirements]
- [Insert Reason: e.g., Request submitted outside of the required reporting window]
- [Insert Reason: e.g., Vehicle mileage exceeds maximum threshold for endorsement]

As per the terms outlined in your policy under Section [Insert Section Number], "Conditions for New Vehicle Coverage," the vehicle must meet all specified criteria to qualify for this specific endorsement.

Please note that this denial applies only to the "New Vehicle Endorsement" (Replacement Cost) and does not necessarily affect standard collision or comprehensive coverage, provided the vehicle has been added to your policy under standard terms.

If you believe there has been an error or if you have additional documentation that may change this determination, please contact our underwriting department at [Phone Number] or [Email Address].

Sincerely,

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