

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Contact Name/Underwriting Department]

[Insurance Carrier Name]

[Carrier Address]

[City, State, Zip Code]

**RE: Inquiry Regarding Coverage Rejection - Officer Exclusion Endorsement**

**Policy Number:** [Policy Number]

**Claim/Reference Number:** [Reference Number, if applicable]

Dear [Contact Name or Underwriting Team],

I am writing to formally inquire about the recent rejection of coverage regarding [briefly describe the incident or individual affected]. Based on the notice received on [Date], it is our understanding that the denial is based on an Officer Exclusion Endorsement attached to the policy.

To better understand this determination, please provide the following information:

- A detailed explanation of how the specific duties performed by the individual at the time of the incident fall under the Officer Exclusion Endorsement.
- A copy of the signed waiver or election form where the officer(s) or the company formally opted to exclude these individuals from coverage.
- Clarification on whether this exclusion applies to all types of liability or specifically to Workers' Compensation benefits.

We would like to review our records against your findings to ensure there has not been a clerical error or a misunderstanding regarding the officer's status or the scope of the endorsement.

Please provide a written response within [Number] business days. Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]

[Job Title]