

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Notice of Claim Decision**

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Loss]

Dear [Policyholder Name],

We have completed our review of the claim submitted for the incident occurring on [Date of Loss].

Based on the terms and conditions of your insurance policy, we have determined that while the loss is covered, the total value of the claim exceeds the specific coverage limits outlined in your policy documents.

**Coverage Summary:**

- Total Evaluated Loss: \$[Amount]
- Policy Limit for [Coverage Type]: \$[Limit Amount]
- Deductible Applied: \$[Amount]
- **Final Payment Amount: \$[Total Payment]**

Please refer to Section [Section Number] of your policy, titled "[Title of Section]," which specifies the maximum limit of liability for this type of loss. Because the evaluated damages exceed this threshold, we are unable to provide reimbursement beyond the stated policy limit.

Enclosed is a check for \$[Total Payment], representing the maximum recovery available under your policy for this claim.

If you have additional information or documentation that you believe would impact this decision, or if you have questions regarding your policy limits, please contact your claims adjuster at [Phone Number] or [Email Address].

Sincerely,

[Adjuster Name]

[Company Name]