

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

[Date]

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

Re: Notice of Exhaustion of Policy Limits
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Incident: [Date of Incident]

Dear [Recipient Name],

We are writing to formally notify you regarding the insurance coverage available for the above-referenced claim. After a thorough review of the damages and the terms of the insurance policy, we must inform you that the applicable coverage limits have been exhausted.

The total policy limit for [Type of Coverage, e.g., Property Damage/Bodily Injury] is \$[Policy Limit Amount]. To date, the following payments have been issued:

- [Payment 1 Amount] to [Payee Name]
- [Payment 2 Amount] to [Payee Name]

As these payments have reached the maximum limit defined in the insurance contract, no further funds are available from [Insurance Company Name] for this specific claim. Any remaining balances or additional claims arising from this incident will be the responsibility of the policyholder or other liable parties.

This notice is sent based on the information currently available. If you have any questions or believe there has been an error in the calculation of these limits, please contact us immediately at [Phone Number].

Sincerely,

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