[Date]

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

Re: Claim Number: [Insert Claim Number]

Property Address: [Insert Vacation Property Address]

Date of Incident: [Insert Date]

Dear [Claimant Name],

We have completed our review of the liability claim submitted regarding the incident at the property mentioned above. After a thorough investigation of the facts and a review of the applicable protection policy, we must inform you that we are unable to provide coverage for this claim.

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

- [Insert specific policy exclusion, e.g., Intentional damage by a guest]
- [Insert specific policy limitation, e.g., Incident occurred outside of the covered booking dates]
- [Insert any other specific factual reason for denial]

According to the terms and conditions of the Liability Protection Policy, Section [Insert Section Number], "[Insert specific quote from policy language]." Because the circumstances of this incident fall under this provision, the claim is not eligible for reimbursement or defense.

If you have additional documentation or information that you believe would change this assessment, please submit it to our office for further review within [Insert Number] days.

Sincerely,

[Your Name/Adjuster Name]
[Company Name]
[Phone Number]
[Email Address]