[Your Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Key Person Business Continuity Claim Initiation
Policy Number: [Policy Number]
Insured Key Person: [Name of Key Person]

Dear Claims Department,

This letter serves as formal notification to initiate a claim under the Key Person Business Continuity policy referenced above. Due to the [Death / Critical Illness / Disability] of [Name of Key Person] on [Date of Event], the policy provisions for business continuity support have been triggered.

To facilitate the processing of this claim, please find the following preliminary documents attached:

- Completed Claim Form
- Certified Copy of [Death Certificate / Medical Report]
- Proof of Policy Ownership and Beneficiary Status
- [List any other required documents]

We understand that this claim covers costs associated with business stabilization, recruitment of a successor, and potential loss of profits as outlined in our policy agreement. Please provide a list of any additional documentation or financial records required to expedite the evaluation of this claim.

Please acknowledge receipt of this letter and assign a claims adjuster to our case. All future correspondence should be directed to [Contact Person Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Job Title]
[Your Company Name]