[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Coverage Denial
Policy Number: [Policy Number]
Claim Number: [Claim Number]
Date of Loss: [Date of Loss]

Dear [Policyholder Name],

We have completed our review of the claim submitted for your Recreational Vehicle regarding the incident occurring on [Date of Incident] in [Location/State].

After careful examination of your policy terms and the details of the incident, we must inform you that your request for cross-country/extended territory coverage is denied. This decision is based on the following policy provision(s):

[Insert Policy Section/Clause Name, e.g., Territorial Limits]:
"[Insert verbatim quote from policy regarding geographic limitations or specific coverage exclusions for out-of-state travel]."

Our investigation determined that the loss occurred outside the approved geographical boundaries defined in your current insurance agreement. Specifically, your policy is restricted to [State/Region], and the "Cross-Country/Nationwide" endorsement was not active at the time of the loss.

Consequently, we are unable to provide indemnification or reimbursement for repairs, towing, or liability associated with this specific claim.

If you have additional information or documentation that you believe would change this determination, please submit it to our office for further review. You also have the right to contact the [State] Department of Insurance if you wish to dispute this decision.

Sincerely,

[Claims Adjuster Name]
[Title]
[Company Name]