

December 2, 2003

Mr. John Doe
XYZ Company
1 Main Street
Anytown, USA 12345

RE: Claim/file number: 1234567
Policy number: PN 45678
Obligee: XYZ Company
Date of Discovery: 10/2/03

Dear Mr. Doe,

The ABC Insurance Company acknowledges a notice of loss regarding a potential claim under the above captioned policy. It is our understanding that this claim may involve employee dishonesty.

Enclosed is a fidelity proof of loss which must be completed in its entirety, executed before a notary and returned to us within 90 days as specified by your policy. Please enclose the necessary documentation and any other pertinent information supporting the alleged loss when the proof of loss is submitted for our consideration. We will require proof of the alleged principal's employment as verified by a personnel file. If authorities have been notified, please advise of the current status.

Please be advised that the ABC Insurance Company, in accepting your notice of loss and providing proofs of loss, is not intending to waive any rights under the captioned policy or at law and further reserves any and all rights in their entirety.

Please feel free to contact the undersigned during business hours at 1-234-567-9876 or at the address above, should you have any questions. Thank you.

Very truly yours,

William White
ABC Insurance Company