December 2, 2003

Mr. John Doe
101 Main Street
Anytown, New York 12303

RE: Claim/file number: 123456789
Policy number: H2334456
Insured's name: John Doe
Date of loss: 10/17/03
Type of loss: Fire

Dear Mr. Doe,

The ABC Insurance Company acknowledges the receipt of a purported proof of loss bearing your signature. We presume that the purported proof of loss is being filed in conjunction with the captioned loss.

Please be advised that the ABC Insurance Company finds the purported proof of loss to be incomplete and unacceptable as presented and we are taking the liberty of returning it. As you will note, (detail the areas left blank or inadequately completed and/or comment on failure to provide reasonable support to confirm amount of loss).

The ABC Insurance Company is pleased to enclose a blank proof of loss form to assist you in complying with your policy. The proof of loss must be completed in detail, executed before a notary public and returned to us in its complete state along with the supporting documentation to verify the captioned claim. The completed proof of loss must be returned to us within 60 days of this request and it must comply with the requirements set out in that part of your policy captioned WHAT YOU MUST DO IN CASE OF LOSS.

The ABC Insurance Company specifically reserves any and all rights in connection with the captioned loss. Thank you.

Should you wish to take this matter up with the New York State Insurance Department, you may file with the department either on its website at www.ins.state.ny.us/complhow.htm or you may write to or visit the Consumer Services Bureau, New York State Insurance Department, at: 25 Beaver Street, New York, NY 10004; One Commerce Plaza, Albany, NY 12257; 200 Old County Road, Suite 340, Mineola, NY 11501; or Walter J. Mahoney Office Building, 65 Court Street, Buffalo, NY 14202.

Very truly yours,

William White
ABC Insurance Company