

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 notice of loss as outlined in the caption above.

The ABC Insurance Company is pleased to enclose a blank proof of loss form to assist you in complying with the terms of 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.

Very truly yours,

William White  
ABC Insurance Company