

Date

Name

Address

City, State Zip

RE: Claim Number:
Policy Number:
Insured:
Claimant:
Date of Loss:

Dear :

We acknowledge receipt of your claim which was reported to us on _____.

We have completed our investigation of the claim. In conjunction with that investigation, we have conducted an extensive review of your policy No. _____. Unfortunately, there is no coverage under this policy for your loss. Therefore, we will be unable to issue any payments to you under your policy No. _____.

Your policy states as follows:

The facts of this case are as follows:

As such, there is no coverage relative to this matter for the foregoing reason(s).

If you have any questions regarding this matter, I can be reached at my office number Mondays through Fridays from 8:00 a.m. to 4:30 p.m. You may also leave me a voice mail message and I will return your call as soon as possible.

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,

Name

Title