Date	
Name Addres City, St	s tate Zip Code
RE:	Claim Number: Policy Number: Insured: Claimant: Date of Loss:
Dear	:
We acknowledge receipt of a notice of loss you filed with us on	
	erve our rights under the policy due to the following coverage issues of which the ny is currently aware:
This offer of defense should not be deemed or construed as either a waiver by the Company of any of its rights, including rights or conditions provided in the Policy No issued to Neither is this offer of defense an expansion of the duties of the Company, and our actions are expressly subject to the following reservations:	
Please be advised we are fully reserving our rights in this matter and neither this correspondence, any efforts to investigate, or our offer of defense should be construed as a waiver of said rights to later disclaim coverage and withdraw from the defense pending the outcome of this investigation.	
You may wish to discuss this matter with your personal attorney at your own expense 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 <a href="www.ins.state.ny.us/complhow.htm">www.ins.state.ny.us/complhow.htm</a> 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.	
We shall keep you posted as the matter progresses. In any event, we would welcome the opportunity to speak with you regarding our position as outlined in this letter. I can be reached during my regular office hours of 8:00 a.m. to 4:30 p.m. Mondays through Fridays or you may leave a message on my voice mail, and I will call you back as soon as possible.	
Very tr	uly yours,
Name Title	