CLICK HERE and Enter Company Name

Company Address & Phone Number

December 3, 1999

Receipient's Name & Address

RE: Our Insured: Insured's Name

Policy Number: Policy Number

Date of Loss: Date of Loss

Claim Number: Claim Number

Dear Greeting:

It is our desire to thoroughly investigate every claim which is reported to us and to make payment for those losses which are covered under this policy and exceed your deductible of $500.00.

The estimate of repair that we have received is for $400.00, which is less than the amount of your deductible. Therefore, we will be unable to issue any payments to you for this loss.

If you have any questions regarding this matter, I can be reached at Phone Number.

Sincerely,

Adjuster's Name

Adjuster's Job Title