



«Todays Date»

«Insured Full Name»

«Insured Street» ,

«Insured City» , «Insured State» , «Insured Zip Code»

RE: Insured: «Insured Full Name»

Policy Number: «Policy Number»

Claim Number : 3180012

Date of Loss: «Claim Loss Date»

Dear «Insured Full Name» :

Enclosed is a payment in the amount of [ENTER VALUE] as an advance under your [ENTER COVERAGE TYPE] coverage. This amount is an advance from your policy benefits, pending our full review of your claim.

Please retain all receipts for your expenses incurred, such as hotel, meals, clothing, etc.. Please return the receipts in the envelope provided at your earliest convenience.

This advance is being made in order to provide assistance while your claim is being investigated for coverage, and shall not be construed as an admission of coverage.

In the meantime, if you have any questions or concerns please contact me at the number listed below.

Sincerely,

«Claim Owner Full Name»

«Claim Owner Job Title»

«Claim Owner Direct Dial Phone»

«Claim Owner Business Email»