

RE: Insured:  
Policy No.:  
Claim No.:  
DOL:

Dear (INSURED):

The undersigned has been requested by you to resolve a claim arising out of an incident on or about (DATE OF LOSS) involving a (TYPE OF LOSS). Pursuant to such request, we are proceeding to investigate this reported loss under a reservation of rights. In so doing, our conduct is not intended to be, and shall not operate in any way as, a waiver, assertion of coverage, the existence of a policy, or invalidation of any rights, responsibilities, obligations or defenses which might otherwise be available to (INSURER).

It appears that (INSURER) may not have an obligation to you concerning adjustment or payment for this loss. It is our intent, however, to provide, without prejudice to the rights of (INSURER), an investigation into the facts surrounding the loss, as well as to our investigation into the possible cancellation of the policy effective prior to the date of loss. Our present information is that coverage might not exist for you with respect to this incident, as the investigation indicates a number of circumstances which might affect the existence of coverage, such as: (change in conditions, cancellation of the policy, intentional act, late notice of the loss, and/or other reasons) which may become apparent during (INSURER'S) investigation.

(INSURER) is relying upon the following policy provision(s) upon which it is asserting this reservation of rights:

(INSERT VERBATIM APPLICABLE POLICY PROVISION(S) HERE)

**(OPTIONAL)**

In order to further investigate this loss we have forwarded to you a Consent and Authorization to Enter and Remove which needs to be completed by you and returned to the undersigned. An additional Authorization is enclosed herewith which also needs to be completed by you in order for us to move forward with our investigation. I have also enclosed a Sworn Proof of Loss, as well as an Inventory which needs to be completed by you and submitted to (INSURER) for us to continue to investigate this loss.

**(OPTIONAL)**

(INSURER) has retained (NAME OF ATTORNEY) at (ATTORNEY'S ADDRESS) (ATTORNEY'S TELEPHONE NUMBER) to assist in the investigation of this loss. (ATTORNEY) will be in touch with you and your attorney shortly in order to set up your Examination Under Oath.) Accordingly, (INSURER) will need additional time in which to investigate the circumstances surrounding this loss in order to make an informed decision regarding coverage.

By investigating this loss and requesting the execution of the enclosed forms, (INSURER) does not intend to waive, but specifically reserves, all defenses available to it under the policy herein and the laws of the state governing the interpretation of the policy.

If you have any questions, please direct all future inquiries to (NAME OF ATTORNEY) at (TELEPHONE NUMBER OF ATTORNEY).

Sincerely,

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(ADJUSTER)  
(INSURER)

cc: (ATTORNEY)