

YOUR LETTER HEAD

DATE

Via Certified Mail
INSURANCE COMPANY
INSURANCE COMPANY ADDRESS

Re: Notice of Claim
NAME OF YOUR BUSINESS LISTED ON THE DECLARATIONS PAGE
POLICY NUMBER LISTED ON THE DECLARATIONS PAGE

To whom it may concern,

The above business has incurred business losses due to the COVID-19 pandemic and related government closure orders. The losses are continuing. The above business is seeking all coverages available under the above policy. Please confirm you will cover these losses and let me know what additional information you need. I look forward to hearing from you.

Sincerely,