

Acknowledgment of Job Loss Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

We acknowledge receipt of your job loss insurance claim submitted on [Insert Claim Submission Date]. Your claim has been assigned the following reference number: [Insert Claim Number].

We are currently reviewing your claim and the necessary documentation provided. Our team will be in contact with you shortly regarding the progress of your claim.

If you have any questions in the meantime, please do not hesitate to reach out to us at [Insert Contact Phone Number] or [Insert Contact Email Address].

Thank you for your patience and understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]