Insurance Claim Confirmation

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

We are writing to confirm the receipt of our insurance claim regarding business interruption due to [reason for interruption] submitted on [submission date]. The claim number is [insert claim number].

Please let us know if you require any additional information or documentation to expedite the process. We appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]