

Company Name: ACME Insurance Co.

123 Business Road

Business City, State, ZIP

Date: 20 June 2024

To: John Doe  
HR Manager, Sample Client Ltd.  
456 Client Avenue  
Client City, State, ZIP

**Subject: Employerâ€™s Liability Claim â€“ Acceptance with Reservation of Rights**

Dear Mr. Doe,

We refer to your recent notification regarding the incident on 10 June 2024, involving your employee, Ms. Jane Smith, at your Client City facility.

After our initial review, we are prepared to accept this claim under your Employerâ€™s Liability Policy Number: EL-0012345, subject to the policyâ€™s terms and conditions.

**Reservation of Rights**

Please note that our acceptance of this claim is strictly without prejudice to our rights under the policy. We reserve the right to withdraw from, or amend our position on, this acceptance should further evidence come to light which affects policy coverage, liability, or quantum.

Specifically, the following may affect our final position:

- Evidence which indicates material non-disclosure or misrepresentation at any stage.
- Confirmation that the circumstances of the incident fall outside the scope of policy cover.
- Discovery of any breach of policy terms, conditions, or exclusions.

We shall continue our investigation of the claim and request your cooperation in providing the necessary documents and clarification as required.

Should you have any questions regarding this letter or the claim process, please contact our claims team at