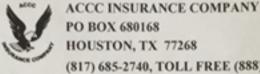
ACCC INSURANCE COMPANY PO BOX 680168 HOUSTON, TX 77268



(817) 685-2740, TOLL FREE (888) 456-5953

DENIAL LETTER - CLAIMANT/ATTORNEY/CARRIER

Claim Number:

Date of Loss:

Insured:

Claimant:

Process Date:

DALLAS TX 75212

Dear Sir or Madam:

We have conducted an investigation regarding the above-referenced automobile accident or loss and believe we now have enough information to make a determination regarding the liability of our insured.

As an Insurer we are not obligated to pay all claims that are presented but only claims in which liability rests with our insured.

We have reviewed and evaluated all the information and documentation that our investigation has revealed. Based on this information, we have concluded that our insured is not the proximate cause of this accident or loss.

Therefore, we will respectfully decline to honor any claim regarding this matter.

Should you have any additional information that might change and /or alter our decision, please submit that information to us immediately for further consideration.

Sincerely,

ACCC Insurance Company Adjuster

cc: