

(Date of Letter)

(Insurance Company Name)

(Claims Supervisor)

(Street Address)

(City, State and Zip Code)

RE:

(Name of Insured)

(Claim Number)

(Date of Loss)

(Demand for Payment)

Dear Claims Supervisor:

Over the past several months, efforts by the undersigned have been underway to resolve certain differences that have arisen relative to the application and enforcement of the above-referenced policy. Appropriate and timely demands for payment have been made and verifications of such requests are enclosed for your review. Unfortunately, any additional delay as to the resolution of this matter may well jeopardize the interest of the insured, as well as, the individuals covered by the policy. Therefore, in order to protect the interest of the insured, as well as the individuals covered by the policy, the disputes that have arisen in regard to the above-referenced policy need to be resolved within ten days.

THIS CORRESPONDENCE IS INTENDED TO SERVE YOU WITH OFFICIAL NOTICE THAT UNLESS THE POLICY DISPUTES WHICH HAVE ARISEN REGARDING THE ABOVE-REFERENCED POLICY ARE RESOLVED WITHIN TEN DAYS FROM THE DATE OF THIS LETTER OR ON OR BEFORE THE DAY OF (month/year), THE UNDERSIGNED WILL BE COMPELLED TO TAKE APPROPRIATE STEPS TO ASSURE THE PROTECTION OF THE INSURED AND/OR OTHER INDIVIDUALS WHO ARE TO BE PROTECTED UNDER THE TERMS OF THE POLICY. THIS NOTICE SHOULD BE REGARDED BY YOU TO MEAN THAT UNLESS CORRECTIVE MEASURES ARE IMMEDIATELY TAKEN, APPROPRIATE EFFORTS WILL BE ENGAGED FOR THE PROTECTION OF THE INTERESTED PARTIES INCLUDING, BUT NOT LIMITED TO, THE EXPLORATION OF A BAD FAITH CONDUCT CLAIM.

It is indeed unfortunate that the discussions and/or negotiations relating to the above-referenced policy have broken down to the extent that it is necessary for this notice to be served upon you. However, the interest of the insured and/or other parties covered by the policy must be protected. In regard to this notice, you should be advised that the assertion of a bad faith conduct involves one or more of the following:

Failure to pay claim;
Failure to pay policy limits;
Failure to properly investigate the claim;
Failure to properly investigate financial status;
Failure to properly investigate financial hardship;
Failure to grant appropriate authority to the insured to settle or otherwise resolve the claim;
Unduly delaying the resolution of an appropriate claim;
Failure to appropriately acknowledge the existence of the policy;
Providing false or misleading information relative to the policy;
Failure to acknowledge appropriate and/or timely payment;
Failure to allow appropriate conversion under state law;
Failure to provide requested interpretation of the policy language;
Failure to provide a basis for denial of the claim;
Failure to pay the entire claim;
Providing misleading information to the insured and/or other beneficiary or claimant;
Intentionally delaying resolution with the intention of establishing a statute of limitations defense;
Other:

(Check each of the foregoing that is applicable.)

As you can see from the foregoing, very serious concerns have arisen relative to the above-referenced policy, and it is apparent that those concerns have not been satisfied to date. It is imperative that the foregoing receive your immediate attention for prompt resolution within ten days. Should the undersigned fail to receive appropriate response that is designed to resolve the foregoing within a ten day period, appropriate action will be taken in order to protect the interest of the insured party.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

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This is not a substitute for legal advice. An attorney must be consulted.