



- 13. UMBRELLA OR EXCESS COVERAGE:
- 14. SUBROGATION:
- 15. OTHER: (Specify)

This correspondence should serve as Notice relative to the loss sustained by the insured and/or members of the insured's family on the \_\_\_\_\_ day of \_\_\_\_\_ (month/year), in conjunction with the item(s) noted above. Please initiate appropriate processing of this claim as a new file, if a file has not previously been activated. In addition to the foregoing, it is requested that an appropriate and immediate investigation of this loss be conducted by your office and that the undersigned be provided copies of all materials collected, pursuant to said investigation. Also, please verify the status of the policy as above-referenced and confirm the policy number to the undersigned. In that process, please confirm the coverage rates and provide the undersigned with a dec (declaration) sheet confirming policy coverage in this case. Kindly provide the undersigned with a complete copy of the applicable policy as above-referenced and acknowledge receipt of this communiqué.

Should your office need any additional information from the undersigned, please advise. Thank you for your kind attention to this matter.

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.