

(Date of Letter)

(Insurance Company Name)

(Claims Department)

(Street Address)

(City, State and Zip Code)

RE:

(Name of Insured)

(Claim Number)

(Date of Loss)

(Subrogation)

Dear Claims Department:

This will acknowledge your request that this office honor the subrogation claim asserted by your company against recovery, which is being pursued on behalf of (individual's name). This office will protect those subrogation interests, pursuant to your correspondence and subject to the appropriate allowance for attorney fees at the rate of % . This is the same percentage of allowance for attorney fees provided in the attorney fee contract with (client).

Please verify all amounts which have been paid by your company on behalf of (client), and forward documentation of those amounts to the undersigned and to the individual or entity to whom payment was made. As you know, this information is needed for my files and for verification to allow for subrogation payment, pursuant to the foregoing and in conjunction with your letter of (date).

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.