[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Notice of Policy Limits Demand
Claim Number: [Claim Number]
Insured: [Insured Name]
Date of Loss: [Date of Incident]

Dear [Adjuster Name],

This letter serves as a formal demand for settlement of the above-referenced claim. Based on the clear liability of your insured and the extensive damages sustained by my client, we hereby demand the full policy limits of all applicable insurance policies held by [Insured Name].

Summary of Liability:
On [Date], the incident occurred at [Location]. [Briefly describe how the insured was at fault]. Evidence, including [Police Report/Witness Statements], confirms your insured's negligence was the sole cause of the damages.

Summary of Damages:
As a result of this incident, I have suffered the following injuries and losses:
[List major injuries, medical treatments, lost wages, and total medical expenses].

The documentation attached confirms that the value of this claim significantly exceeds the available policy limits. My injuries are permanent and have resulted in [mention any long-term impacts].

Demand:
We demand the immediate payment of the policy limits of $[Amount]. This offer to settle is contingent upon receiving a declaration of all applicable insurance coverage and limits.

This offer shall remain open for [Number, e.g., 15 or 30] days from the date of your receipt of this letter. If this matter is not resolved within this timeframe, we will withdraw this offer and proceed with formal litigation, seeking the full value of the claim, which may exceed the policy limits. Failure to settle within the limits at this time may expose your company to a bad faith claim for any excess judgment rendered at trial.

I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:
[List medical records, bills, police reports, and photos]