

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Insurance Adjuster Name]

[Insurance Company Name]

[Address]

[City, State, Zip Code]

RE: Notice of Policy Limit 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 the full settlement of the above-referenced claim. Based on our investigation into the incident occurring on [Date], it is clear that your insured is solely liable for the significant injuries and damages sustained by [Claimant Name].

Liability

[Briefly describe the facts of the accident and why the insured is at fault].

Damages and Injuries

As a direct result of this incident, [Claimant Name] suffered the following injuries: [List main injuries]. To date, medical expenses total \$[Amount], with future medical treatment estimated at \$[Amount]. Furthermore, [Claimant Name] has experienced significant pain and suffering, emotional distress, and [mention lost wages if applicable].

Settlement Demand

The documented damages clearly exceed the available insurance coverage. Therefore, we hereby demand the **full policy limits** of all applicable insurance policies held by [Insured Name] in exchange for a full release of all claims.

Time Limit

This offer shall remain open for [Number, e.g., 14 or 30] days from the date of this letter. If we do not receive written acceptance of this demand by [Time] on [Date], this offer will be withdrawn, and we will proceed with formal litigation. In that event, we will seek the full value of the claim, which may result in a judgment far exceeding the policy limits.

Please provide a copy of the declarations page and any umbrella or excess policy information immediately.

Sincerely,

[Your Signature]

[Your Printed Name]