

DATE: [Insert Date]

TO:

[Adjuster Name]

[Insurance Company Name]

[Address]

[City, State, Zip]

RE:

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

Insured: [Insert Name of Insured]

Claimant: [Insert Your Name/Client Name]

Date of Loss: [Insert Date of Incident]

URGENT: TIME-SENSITIVE SETTLEMENT DEMAND

Dear [Adjuster Name],

This letter serves as a formal demand to settle the above-referenced claim. Based on the clear liability of your insured and the extensive damages sustained, it is evident that the value of this claim meets or exceeds the available policy limits.

We hereby demand the immediate payment of the full policy limit of **\$(Insert Amount)** to resolve all claims against your insured. This offer shall remain open for a period of [Insert Number, e.g., 10] business days, expiring on **[Insert Expiration Date] at [Insert Time]**.

Please be advised that your insured's liability is clear and the damages are well-documented. Your failure to settle within the policy limits when presented with the opportunity to do so may constitute "bad faith" and a breach of your fiduciary duty to protect your insured from an excess judgment.

Should you reject this demand or allow it to expire, we will proceed to trial. In the event a jury returns a verdict in excess of the policy limits, we will hold [Insurance Company Name] fully responsible for the entire amount of the judgment, regardless of policy caps, due to your failure to act in good faith.

We require the following documentation to accompany your acceptance:

- A declaration page confirming the policy limits.
- An affidavit from the insured confirming no other applicable insurance exists.
- A settlement check in the amount specified above.

We look forward to your prompt response within the timeframe provided.

Sincerely,

[Your Name]

[Your Title/Law Firm Name]

[Phone Number]

[Email Address]