

SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: [Insert Date]

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

Re: Final Settlement Opportunity
Claim Number: [Insert Claim Number]
Insured: [Insert Name of Insured]
Claimant: [Insert Your Name/Client Name]
Date of Loss: [Insert Date of Incident]

Dear [Adjuster Name],

This letter serves as a final formal notice and demand for settlement regarding the above-referenced claim. To date, [Insurance Company Name] has failed to offer a fair and equitable settlement that reflects the clear liability of your insured and the documented damages sustained.

We have previously provided all necessary medical records, bills, and evidence of loss. The current evidence demonstrates that the value of this claim meets or exceeds the applicable policy limits. Your continued refusal to engage in a meaningful settlement constitutes a breach of your duty to act in good faith and deal fairly with the claimant.

Please be advised that if this matter is not resolved by [Insert Deadline Date/Time], we will interpret your inaction as a formal denial and a bad faith refusal to settle. Such action exposes your company to liability beyond the policy limits, including potential claims for consequential damages, attorney fees, and punitive damages in subsequent litigation.

Final Demand Amount: \$[Insert Dollar Amount]

This offer shall remain open until [Insert Expiration Time] on [Insert Expiration Date]. If we do not receive a written acceptance of this demand by that time, the offer will be withdrawn, and we will proceed with all available legal remedies without further notice.

Govern yourselves accordingly.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]