

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

[Date]

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

**RE: BAD FAITH NOTICE AND FINAL DEMAND FOR SETTLEMENT**

**Claim Number:** [Claim Number]

**Policy Number:** [Policy Number]

**Insured:** [Your Name]

**Date of Loss:** [Date of Accident]

To [Adjuster Name],

This letter serves as a formal demand for the immediate settlement of my Uninsured Motorist (UM) claim. I am also putting [Insurance Company Name] on notice for acting in bad faith regarding the handling of this file.

To date, liability is clear and the damages I have sustained exceed the policy limits. Despite providing all necessary medical records, police reports, and proof of loss on [Date Documents Sent], your company has failed to offer a fair and equitable settlement. Instead, your company has engaged in the following conduct:

- Unreasonable delay in responding to communications.
- Failure to conduct a prompt and thorough investigation.
- Offering an amount significantly below the documented value of the claim.
- Failure to provide a reasonable explanation for the denial or low-ball offer.

Under the terms of my policy and state law, you have a fiduciary duty to act in good faith and deal fairly with your insured. Your current refusal to pay the undisputed value of this claim is a breach of that duty.

**FINAL DEMAND**

I hereby demand the full policy limit of \$[Policy Limit Amount] to settle this claim in its entirety. This offer shall remain open for [Number, e.g., 10] business days from the receipt of this letter.

If payment is not received by [Deadline Date], I will withdraw this offer and proceed with formal legal action, including a statutory bad faith claim. In such an event, I will seek the full value of my damages, interest, attorney fees, and punitive damages as allowed by law.

I expect a written response regarding your intent to settle by the aforementioned date.

Sincerely,

[Your Signature]

[Your Printed Name]