

[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 Counter-Offer

Claimant: [Your Name]
Insured: [Property Owner Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Incident]

Dear [Adjuster Name],

I am writing in response to your settlement offer dated [Date of Offer] in the amount of \$[Offer Amount]. I have reviewed your proposal, and while I appreciate the offer, it does not sufficiently compensate me for the injuries and damages I sustained on the insured's premises.

Your offer fails to fully account for the following factors:

- **Liability:** The hazardous condition at [Property Address] was a direct result of the owner's failure to maintain safe premises. [Briefly mention the hazard, e.g., liquid on floor, broken stair].
- **Medical Expenses:** My total medical bills to date are \$[Total Medical Bills]. Your offer barely covers these costs, leaving nothing for future treatment or related out-of-pocket expenses.
- **Pain and Suffering:** The injuries I sustained, specifically [Mention specific injuries], have significantly impacted my daily life, mobility, and overall well-being.
- **Lost Wages:** I have documented lost income totaling \$[Amount] due to my inability to work during my recovery.

Based on the evidence provided and the severity of the incident, I am prepared to settle this claim for the sum of \$[Your Counter-Offer Amount]. This amount represents a fair and reasonable resolution for the medical costs, lost wages, and physical distress caused by this incident.

I believe this is a fair compromise to avoid the necessity of formal litigation. I look forward to receiving your response regarding this counter-offer within [Number] business days.

Sincerely,

[Your Signature]

[Your Printed Name]