

**Date:** [Date]

**To:** [Adjuster Name]

**Insurance Company:** [Company Name]

**Address:** [Company Street Address]

**City, State, Zip:** [City, State, Zip Code]

**RE: Settlement Acceptance**

**Claim Number:** [Claim Number]

**Policy Number:** [Policy Number]

**Insured Party:** [Insured Name]

**Date of Loss:** [Date of Incident]

Dear [Adjuster Name],

This letter serves as formal notification that I accept your offer dated [Date of Offer] to settle the above-referenced claim for the total amount of \$[Dollar Amount].

I understand that this payment represents a full and final settlement of all claims related to this incident. Please forward the settlement check and the necessary Release of Liability form to the address listed below.

Upon receipt of the settlement check and the signed release, I will consider this matter closed.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]