

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

[Date]

[Adjuster Name]
[Insurance Company Name]
[Claim Number]
[Date of Incident]

RE: SETTLEMENT DEMAND FOR PREMISES LIABILITY / DOG BITE

Injured Party: [Your Name]

Insured Party: [Property Owner Name]

Location of Incident: [Address where bite occurred]

Dear [Adjuster Name],

This letter serves as my formal settlement proposal regarding the injuries I sustained on [Date] at [Location]. I was lawfully present on the premises when I was attacked and bitten by a dog owned or kept by [Property Owner Name].

Facts of the Incident

On [Date] at approximately [Time], I was [explain why you were there, e.g., delivering mail, invited guest]. Without provocation, the dog [describe the attack]. The owner failed to secure the animal or warn me of its dangerous propensities, violating their duty of care to maintain a safe premises.

Injuries and Medical Treatment

As a direct result of the attack, I suffered the following injuries:
[List injuries, e.g., deep puncture wounds, nerve damage, scarring].

My medical treatment included:

[List treatments, e.g., ER visit, stitches, rabies shots, physical therapy].

Economic Damages

Medical Expenses: \$[Amount]

Lost Wages: \$[Amount]

Future Medical Costs: \$[Amount]

Total Economic Damages: \$[Total Amount]

Non-Economic Damages

This incident has caused significant physical pain, emotional distress, and [mention permanent scarring or fear of dogs]. My quality of life has been impacted because [explain impact].

Settlement Demand

Based on the clear liability of your insured and the damages sustained, I am prepared to settle this claim for the total sum of \$[Total Demand Amount].

This offer is a good-faith attempt to resolve this matter without litigation and is valid for [Number] days from the date of this letter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [Medical Records, Medical Bills, Photos of Injury, Wage Loss Verification]