

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

[Date]

[Adjuster Name]
[Insurance Company Name]
[Insurance Company Address]

RE: SETTLEMENT DEMAND PURSUANT TO POLICY LIMITS

Claim Number: [Claim Number]
Insured: [Dog Owner Name]
Date of Incident: [Date]
Location of Incident: [Address where bite occurred]

Dear [Adjuster Name],

As you are aware, I was severely injured when your insured's dog attacked me on [Date]. Under the governing laws of [State Name], a dog owner is strictly liable for any damages suffered by a person bitten by the dog, regardless of the former viciousness of the dog or the owner's knowledge of such viciousness.

Liability

The facts of this case establish clear strict liability. I was lawfully in a public place or lawfully on the private property of the owner when the unprovoked attack occurred. There is no evidence of provocation or trespassing.

Injuries and Damages

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

My damages include, but are not limited to:

- Medical expenses to date: \$[Amount]
- Future medical treatment/scar revision: \$[Amount]
- Lost wages: \$[Amount]
- Pain, suffering, and emotional distress.

Settlement Demand

The severity of the injuries and the clear application of strict liability laws indicate that a jury verdict would likely exceed the available insurance coverage. Therefore, I hereby demand the full policy limits of \$[Policy Limit Amount] in exchange for a full release of all claims against your insured.

This offer shall remain open for [Number, e.g., 15] days from the date of this letter. Failure to tender the policy limits within this timeframe may be viewed as a breach of your duty to act in good faith, potentially exposing your company to liability for an excess judgment.

I have attached all relevant medical records, bills, and photographs of the injuries for your review.

Sincerely,

[Your Signature]

[Your Printed Name]