

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

[Date]

[Insurance Company Name]  
[Adjuster Name]  
[Claim Number]  
[Address]  
[City, State, Zip Code]

## **RE: NOTICE OF STRICT LIABILITY AND SETTLEMENT DEMAND**

Claimant: [Your Name]

Insured: [Dog Owner Name]

Date of Incident: [Date]

Location of Incident: [Full Address/Location]

To [Adjuster Name],

This letter serves as a formal demand for settlement regarding the injuries I sustained when I was bitten by a dog owned by your insured on the date mentioned above. Under [State Statute Number, e.g., California Civil Code Section 3342], your insured is strictly liable for the damages caused by their dog, regardless of the animal's prior behavior or the owner's knowledge of such behavior.

### **The Incident**

On [Date] at approximately [Time], I was [Describe activity, e.g., walking on a public sidewalk] when your insured's dog, a [Breed/Description], attacked and bit me. I was lawfully at the location and did nothing to provoke the animal.

### **Injuries and Treatment**

As a direct result of this attack, I suffered the following injuries: [List injuries, e.g., deep puncture wounds to the left forearm, nerve damage, and scarring]. I sought medical treatment at [Medical Facility Name] where I received [List treatments, e.g., stitches, antibiotics, and a tetanus shot]. I have since required [Follow-up care, physical therapy, or psychological counseling for trauma].

## **Economic and Non-Economic Damages**

My damages include, but are not limited to:

- Medical Expenses (Past and Future): \$[Amount]
- Lost Wages: \$[Amount]
- Pain and Suffering: \$[Amount]
- Permanent Scarring/Disfigurement: \$[Amount]

## **Settlement Demand**

Based on the clear application of strict liability under the law and the documentation provided, I am prepared to settle this claim in its entirety for the sum of \$[Total Demand Amount].

This offer shall remain open for [Number, e.g., 14] days from the receipt of this letter. I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [Medical Records, Photos of Injuries, Wage Verification]