

[Your Company Name]

[Address Line 1]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name/Insurance Company]

[Address Line 1]

[City, State, Zip Code]

Re: Notice of Subrogation Interest

Our Insured: [Insured Name]

Your Insured: [Adverse Party Name]

Claim Number: [Your Claim Number]

Your Claim/Policy Number: [Their Claim Number, if known]

Date of Loss: [Date of Incident]

Location: [Location of Incident]

Dear [Recipient Name or Claims Department],

Please be advised that [Your Company Name] provides insurance coverage for [Insured Name]. Our investigation into the above-referenced incident indicates that your insured is responsible for the damages sustained.

Pursuant to the terms of our policy and the principle of subrogation, we are asserting our right to recovery for all payments made to or on behalf of our insured. At this time, our claim is for [Dollar Amount, if known, or "an amount to be determined"].

This letter serves as formal notice of our subrogation interest. Please acknowledge receipt of this notice and provide us with your claim number and the name of the adjuster assigned to this file. All future correspondence regarding this matter should be directed to the undersigned.

Please do not settle any claims with our insured that might prejudice our right of recovery without prior written consent from this office.

Supporting documentation, including repair estimates and proof of payment, will be forwarded to you as it becomes available.

Sincerely,

[Your Name/Signature]

[Your Title]

[Your Company Name]