

[Your Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name/Insurance Company]

[Recipient Address]

[City, State, Zip Code]

RE: NOTICE OF SUBROGATION DEMAND

Claim Number: [Your Claim Number]

Your Insured/Debtor: [Name of Responsible Party]

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

Date of Loss: [Date]

Location of Loss: [Location]

Dear [Contact Name or Claims Department],

Please be advised that [Your Company Name] represents the interests of [Your Insured's Name] regarding the property damage/loss sustained on the date referenced above.

Our investigation confirms that your insured, [Name of Responsible Party], is legally liable for the damages resulting from this incident. As a result of this loss, we have made payments to or on behalf of our insured under the terms of their insurance policy.

Pursuant to our right of subrogation, we hereby demand reimbursement in the total amount of **[\$Total Amount Due]**. This amount represents:

- Paid Loss Amount: \$[Amount]
- Insured's Deductible: \$[Amount]
- Other Expenses: \$[Amount]

Enclosed for your review are the supporting documents, including the police/incident report, repair estimates, and proof of payment.

Please remit payment in full within [Number] days of the date of this letter. Checks should be made payable to "[Your Company Name]" and mailed to the address listed above. Please include our claim number [Your Claim Number] on all correspondence.

If you have any questions or wish to discuss a settlement, please contact me directly at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]

Enclosures: [List of attached documents]