

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

[Recipient Name/Adjuster Name]
[Insurance Company Name]
[Recipient Address]
[City, State, Zip Code]

RE: FINAL NOTICE AND ESCALATION OF SUBROGATION DEMAND

Claim Number: [Your Claim Number]
Your Claim Number: [Their Claim Number]
Insured: [Your Insured Name]
Date of Loss: [Date]
Demand Amount: \$[Amount]

Dear [Recipient Name],

This letter serves as a formal escalation regarding the outstanding subrogation demand for the above-referenced claim. Despite our previous correspondence dated [Date of First Letter] and [Date of Second Letter], we have not received payment or a valid justification for the denial of this claim.

Our investigation confirms that your insured is liable for the damages incurred. We have provided all necessary supporting documentation, including the police report, repair estimates, and proof of payment.

Please be advised that this is our final attempt to resolve this matter through standard collection procedures. If we do not receive payment in full or a meaningful settlement offer within [Number, e.g., 10] business days from the date of this letter, we will be forced to pursue further action. This may include:

- Referring this file to our legal counsel for litigation.
- Filing for Inter-Company Arbitration.
- Reporting this delinquency to the appropriate regulatory bodies.

We prefer to resolve this amicably. Please remit payment payable to [Company Name] or contact the undersigned immediately at [Phone Number] to discuss the final settlement.

Sincerely,

[Your Signature]
[Your Printed Name]

[Your Title]
[Your Email Address]