

URGENT: FINAL DEMAND FOR PAYMENT

Date: [Insert Date]

To: [Name of Debtor/Insurance Carrier]

Address: [Insert Street Address]

City, State, Zip: [Insert City, State, Zip]

RE: Notice of Subrogation Claim

Our Insured: [Insert Name of Insured]

Claim Number: [Insert Claim Number]

Date of Loss: [Insert Date of Incident]

Amount Due: \$[Insert Total Amount]

Dear [Name of Contact Person or Claims Department],

This letter serves as a final formal demand for reimbursement of the subrogation interest held by [Your Company/Insurer Name] resulting from the above-referenced loss.

Our investigation confirms that your [client/insured] was responsible for the damages incurred. We have previously provided documentation supporting the total loss amount of \$[Insert Amount], which includes payments made for [Property Damage/Medical Expenses/Other]. To date, we have not received payment or a valid proposal for settlement.

Please consider this the final opportunity to resolve this matter amicably. If payment in full is not received within [Insert Number, e.g., 10] business days from the date of this letter, we will be forced to escalate this file. This may include referring the matter to external legal counsel for litigation or initiating arbitration proceedings without further notice to you.

Please make checks payable to [Insert Payment Recipient Name] and mail to:

[Insert Mailing Address for Payment]

Attn: [Insert Department/Name]

If you have any questions, you may contact me directly at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Company Name]