

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

[Date]

[Name of Claims Adjuster]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Notice of Bad Faith and Demand for Settlement

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Insured: [Your Name / Name of Insured]
Date of Loss: [Insert Date]

Dear [Claims Adjuster Name],

I am writing to formally dispute the denial of the above-referenced claim dated [Date of Denial Letter]. After reviewing your explanation, I find the denial to be unreasonable, unfounded, and a violation of the insurance covenant of good faith and fair dealing.

The denial is improper for the following reasons: [Briefly list reasons, e.g., failure to investigate, misrepresentation of policy language, or ignoring evidence].

Your company has a legal obligation to conduct a prompt, fair, and objective investigation. By denying this claim without a reasonable basis, you are acting in bad faith. Please be advised that I am prepared to pursue formal legal action to recover the full value of the claim, as well as statutory interest, attorney fees, and punitive damages as allowed by law.

I demand that you re-evaluate this claim and provide a written response within [Number, e.g., 10 or 14] business days. If I do not receive a satisfactory settlement offer by that time, I will file a formal complaint with the State Department of Insurance and consult with legal counsel regarding a bad faith lawsuit.

Sincerely,

[Your Signature]

[Your Printed Name]