URGENT: TIME-SENSITIVE SETTLEMENT DEMAND

STRICT DEADLINE: [Insert Date and Time]

[Date]

[Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip]

RE: Claim Number: [Insert Claim Number]
Insured: [Insert Insured Name]
Claimant: [Insert Your Name]
Date of Loss: [Insert Date of Accident]

Dear [Adjuster Name],

This letter serves as a formal demand for settlement of the above-referenced claim. Based on the clear liability of your insured and the significant damages sustained by [Claimant Name], we hereby demand the full policy limits of all applicable insurance policies held by [Insured Name].

Basis of Liability:
[Briefly describe how the accident happened and why the insured is at fault.]

Summary of Damages:
[Briefly list injuries, medical expenses, lost wages, and property damage.]

Demand:
We offer to settle all claims against your insured for the total amount of the applicable policy limits. This offer is contingent upon providing a declaration page confirming the limit amounts and an affidavit from the insured confirming no other applicable coverage exists.

Deadline:
This offer will remain open until **[Insert Time] on [Insert Date]**, at which time it will be automatically withdrawn. Please be advised that failure to settle within the policy limits when provided the opportunity to do so may expose your company to a claim for bad faith and responsibility for any judgment in excess of the policy limits.

We look forward to receiving your written acceptance and payment by the aforementioned deadline.

Sincerely,

[Your Signature]
[Your Printed Name]

[Your Phone Number]
[Your Email]