[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Adjuster Name]
[Insurance Company Name]
[Insurance Company Address]

RE: Verification of Policy Limits Exhaustion
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]
Insured: [Your Name / Name of Insured]

Dear [Adjuster Name],

I am writing regarding my Uninsured/Underinsured Motorist (UM/UIM) claim referenced above. To proceed with the processing of my claim, I am requesting formal verification regarding the status of the liability policy limits from the adverse party involved in this accident.

Please provide written confirmation that the liability insurance coverage for the at-fault party, [At-Fault Party Name], has been exhausted by payment of settlements or judgments. Specifically, I am requesting:

- Confirmation of the total bodily injury liability limits of the at-fault party.
- A copy of the settlement release or proof of payment indicating that the full policy limits have been tendered.
- Verification that no other applicable liability insurance policies exist for the at-fault party.

This documentation is necessary to establish that I have met the exhaustion requirements under my UM/UIM policy. If you have already obtained this information, please forward a copy to me at your earliest convenience.

Thank you for your prompt attention to this matter. I look forward to receiving this verification within [Number of Days, e.g., 10] business days.

Sincerely,

[Your Signature]

[Your Printed Name]