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

[Date]

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

RE: Letter of Representation

Claim Number: [Claim Number]
Insured: [Client Name]
Date of Loss: [Date of Incident]
Property Address: [Address of Damaged Property]

To Whom It May Concern,

Please be advised that this office represents [Client Name] regarding the property damage claim referenced above.

Effective immediately, all future communication regarding this claim, including telephone calls, emails, and written correspondence, should be directed to this office. Please do not contact our client directly.

We request that you provide us with a complete copy of the insurance policy in effect on the date of loss, including all declarations pages, endorsements, and exclusions. Additionally, please provide a copy of all damage estimates, inspection reports, and photos currently in your file regarding this loss.

If you have already issued any payments or settlement offers, please forward copies of those documents to our office for review. If any checks have been issued but not yet cashed, please notify us immediately.

We look forward to working with you toward a prompt and fair resolution of this claim. Please acknowledge receipt of this letter in writing.

Sincerely,

[Your Signature]

[Your Printed Name]