[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: Notice of Representation and Claim Information

Insured: [Name of Insured Party/Entity]
Policy Number: [Policy Number]
Claim Number: [Claim Number (if known)]
Date of Loss: [Date of Incident]
Our Client: [Name of Client]

To Whom It May Concern,

Please be advised that this office represents [Name of Client] in connection with injuries and/or damages sustained on [Date of Incident] at [Location of Incident]. We understand that you are the Commercial General Liability (CGL) carrier for [Name of Insured].

This letter serves as formal notice of our representation. Please direct all future communications, correspondence, and settlement discussions regarding this matter exclusively to this office.

Pursuant to the terms of the policy and applicable state laws, we request that you provide the following information within [Number] days:

- Confirmation of coverage for the date of loss.
- The applicable policy limits for this occurrence.
- A copy of the declarations page for the subject policy.
- Information regarding any umbrella or excess liability policies.

Please acknowledge receipt of this letter in writing. If you have already assigned an adjuster to this claim, please provide their direct contact information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]