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

[Date]

VIA [Certified Mail / Email / Fax]
Records Custodian
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Letter of Representation and Request for Records

Claimant: [Client Name]
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Incident]

To the Records Custodian:

Please be advised that this office represents [Client Name] regarding the above-referenced claim. Please direct all future correspondence and communication regarding this matter to my attention.

Pursuant to [State Statute/Regulation if applicable], we hereby request a complete copy of the following records within your possession or control:

- The complete insurance policy, including all declarations pages, endorsements, and riders in effect on the date of loss.
- All investigative reports, photographs, and video recordings related to the incident.
- The complete claim file, including all adjuster notes, internal logs, and evaluations.
- Any and all witness statements (written or recorded).
- Records of any payments made to date regarding this claim.

Attached is a signed Authorization for Release of Information executed by our client. Please notify us immediately of any reproduction costs associated with this request so that payment can be arranged.

Thank you for your prompt attention to this matter.

Sincerely,

[Attorney Signature]
[Printed Attorney Name]

Enclosure: Signed Authorization for Release of Information