

Date: [Date]

To:

[Insured Name]

[Insured Address]

And To:

[Insurance Company Name]

[Claim Representative Name]

[Insurance Company Address]

Re: Notice of Joint Representation and Waiver of Conflict of Interest

Matter: [Case Name/Claim Number]

Insured: [Insured Name]

Insurer: [Insurance Company Name]

Dear [Insured Name] and [Claim Representative Name],

This letter confirms that [Law Firm Name] has been retained to represent both [Insured Name] (the "Insured") and [Insurance Company Name] (the "Insurer") in defense of the legal claims arising from [brief description of incident].

Potential for Conflict

Under professional ethics rules, a lawyer must inform clients when representing multiple parties in the same matter. While your interests currently align in defending against the third-party claim, potential conflicts may arise regarding insurance coverage, policy limits, or settlement strategies. For example, a conflict could occur if the Insurer issues a "Reservation of Rights" or if the damages sought exceed the policy limits.

Confidentiality and Information Sharing

In a joint representation, there is no expectation of confidentiality between the two clients. Any information provided by the Insured to this firm relating to the defense may be shared with the Insurer, and vice versa. However, this information remains privileged against third parties and the opposing side in the litigation.

Withdrawal

If an actual conflict develops that cannot be resolved, this firm may be required to withdraw from representing one or both parties. In such an event, the Insured may need to retain independent counsel at their own expense or as provided by the policy.

Consent and Waiver

By signing below, you acknowledge that you have been informed of the risks of joint representation. You voluntarily waive any current conflict of interest and authorize [Law Firm Name] to represent both parties in this matter.

Sincerely,

[Attorney Name]
[Law Firm Name]

Acknowledge and Agreed:

[Insured Name / Authorized Signatory]

Date: _____

[Insurer Representative Name / Title]

Date: _____