DATE: [Insert Date]

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

RE: [Insured Name]
Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss: [Insert Date of Accident]

Dear [Adjuster Name],

I represent [Client Name] for the injuries sustained in the motor vehicle accident involving your insured on [Date of Loss]. Based on our investigation and the evidence provided, liability is clear and the damages sustained by my client far exceed your insured's liability policy limits.

This letter serves as a formal demand for the full settlement of the applicable policy limits. We are prepared to release your insured from further liability in exchange for the payment of the policy limits of $[Policy Amount].

Accompanying this demand are the following supporting documents:

- Medical records and billing statements to date
- Police/Accident report
- Proof of lost wages
- [Other supporting evidence]

In view of the clear liability and the severity of the injuries, a failure to settle within the policy limits may expose your insured to an excess judgment. Under the covenant of good faith and fair dealing, we expect you to protect your insured's interests by settling this claim for the policy limits now.

This offer shall remain open for [Number, e.g., 30] days from the receipt of this letter. If we do not receive a written acceptance by [Expiration Date], this offer will be withdrawn, and we will proceed with formal litigation.

Please provide a declaration of all applicable insurance policies and the policy limit amounts within the timeframe stated above.

Sincerely,

[Your Name/Law Firm Name]
[Phone Number]
[Email Address]