

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

[Date]

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

RE: NOTICE OF GOOD FAITH SETTLEMENT DEMAND

Claim Number: [Claim Number]
Insured: [Insured Name]
Date of Loss: [Date of Incident]
Our Client/Claimant: [Claimant Name]

Dear [Adjuster Name],

Please accept this letter as a formal demand for settlement of the above-referenced claim. Based on our investigation into the liability of your insured and the extensive damages sustained by our client, it is clear that the value of this claim far exceeds the available insurance policy limits.

Accompanying this letter, please find the following supporting documentation: [List medical records, police reports, bills, or evidence].

At this time, we demand the full policy limit of **[\$Amount]** in exchange for a full and final release of your insured, [Insured Name], regarding all claims arising from the incident on [Date of Loss].

This offer is being made in good faith to resolve this matter within the policy limits. Please be advised that if this demand is not accepted within [Number, e.g., 15 or 30] days from the receipt of this letter, the offer will be withdrawn. Should a jury verdict subsequently exceed the policy limits, we intend to hold [Insurance Company Name] responsible for the entire judgment based on a failure to settle in good faith when given the opportunity to do so.

We look forward to your timely response and the confirmation of the policy limits.

Sincerely,

[Your Signature]
[Your Printed Name]