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

[Date]

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

RE: Notice of Representation

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

To Whom It May Concern,

Please be advised that this office represents [Client Name] regarding the injuries and damages sustained in the above-referenced incident. A signed authorization is enclosed for your records.

We kindly request that you direct all future correspondence, telephone calls, and inquiries regarding this matter to this office. Please do not attempt to contact our client directly.

At this time, we request a complete copy of the following items:

- A copy of the insurance policy, including the declarations page and coverage limits.
- Any recorded statements taken from our client.
- Any photographs or documents related to the investigation of this claim.

We are currently investigating the full extent of our client's damages and will provide a formal demand for settlement once medical treatment is concluded. In the meantime, please acknowledge receipt of this letter in writing and provide the requested information.

Thank you for your cooperation.

Sincerely,

[Your Name/Signature]
[Law Firm Name]