

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Name of Claims Adjuster/Representative]
[Insurance Company Name]
[Insurance Company Address]

RE: NOTICE OF INTENT TO PURSUE BAD FAITH CLAIM

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss: [Insert Date of Loss]

To [Name of Adjuster or Insurance Company],

This letter serves as formal notice that I am asserting a claim for bad faith against [Insurance Company Name] regarding the handling of the above-referenced claim. I believe your company has breached its duty of good faith and fair dealing.

The basis for this bad faith claim includes, but is not limited to, the following actions:

- [Unreasonable delay in processing or responding to the claim]
- [Failure to conduct a thorough and objective investigation]
- [Refusal to pay the claim without a reasonable basis]
- [Offering an amount significantly lower than the value of the loss]
- [Failure to provide a clear explanation for the denial of benefits]

Specifically, the following facts support this notice: [Insert brief description of the specific events or timelines that constitute bad faith].

Under the terms of my policy and applicable state laws, [Insurance Company Name] is required to handle claims promptly and fairly. Your failure to do so has resulted in significant financial and emotional hardship.

I am providing this opportunity for you to cure these breaches by [state specific demand, e.g., paying the full value of the claim] within [number, e.g., 15] days of receipt of this letter. If this matter is not resolved satisfactorily, I am prepared to pursue all available legal remedies, including the filing of a formal lawsuit for compensatory and punitive damages, as well as attorney fees.

Please govern yourselves accordingly.

Sincerely,

[Your Signature]

[Your Printed Name]