

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

[Date]

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

**RE: NOTICE OF BAD FAITH CLAIM**

Claim Number: [Your Claim Number]  
Policy Number: [Your Policy Number]  
Date of Loss: [Date of the Accident/Incident]

Dear [Adjuster Name],

This letter serves as a formal notice regarding your handling of the above-referenced insurance claim. I am writing to express my formal objection to the [denial/delay/underpayment] of my claim and to demand that [Insurance Company Name] fulfill its contractual and legal obligations.

I believe that [Insurance Company Name] is acting in bad faith for the following reasons:

- [Reason 1: e.g., Unreasonable delay in processing the claim]
- [Reason 2: e.g., Failure to conduct a thorough and fair investigation]
- [Reason 3: e.g., Misrepresentation of policy terms or facts]
- [Reason 4: e.g., Refusal to pay the claim without a reasonable basis]

Despite providing all requested documentation and evidence on [Date], your company has failed to provide a valid legal or factual justification for the current status of this claim. Under the laws of [Your State], an insurance company has a duty of good faith and fair dealing. Your current conduct constitutes a breach of that duty.

**DEMAND FOR SETTLEMENT**

I hereby demand that [Insurance Company Name] pay the full policy limit/agreed amount of \$[Amount] within [Number, e.g., 10 or 14] business days of receipt of this letter. If payment is not received or a reasonable settlement offer is not made within this timeframe, I will be forced to pursue further legal action. This may include filing a formal complaint with the State Department of Insurance and initiating a lawsuit for breach of contract and bad faith, seeking both compensatory and punitive damages.

Please govern yourself accordingly.

Sincerely,

[Your Signature]

[Your Printed Name]