{{ today.style2 }}

{{ client\_adjuster\_block }}

**Re: Our Client(s)/ Your Insured: {{ client\_full\_name }}**

 **Date of Loss: {{ doi.style1 }}**

Dear {{ mrms\_insurance\_adjuster }} {{ insurance\_adjuster\_last }},

Please be advised that this firm has been retained to represent the interests of the above-referenced client(s).

Forward our officea **copy of your Auto Insurance Policy and policy number.**

**Send your information to 2500 Smith Avenue, Suite 101, Newport Beach, CA 92660. You may also fax the information to (333)333-3333**

We will allow you 15 days to provide us this information. Should you fail to cooperate and furnish us with your coverage, this may result in suit being filed against you personally. We look forward to your anticipated cooperation.

Sincerely,

Smith & Associates

{{ lead\_attorney\_first }} {{ lead\_attorney\_last }}

{{ lead\_attorney\_initials.upper }} /{{ user\_initials }}

Enc.