{{ today.style2 }}

**SENT VIA FACSIMILE TO {{adjuster\_fax}} ONLY**

{{ adjuster\_first }} {{ adjuster\_last }}

{{ def\_insurance\_company }}

{{ adjuster\_address\_p1 }}

{{ adjuster\_address\_p2 }}

**Re: Our Client: {{ client\_first }} {{ client\_last }}**

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

 **Claim No.: {{ defendant\_claim\_no }}**

 **Your Insured: {{ defendant\_insured }}**

Dear {{ adjuster\_first }},

Please be advised this firm represents the above-referenced client(s) in regards to incident referenced above. All future correspondence concerning this matter must be referred to this firm.

A few important items regarding our representation:

1. Notify your insured we are requesting their policy limits. Forward the policy limit information to our firm.
2. Additionally, please advise if your insured was in the course and scope of employment at time of incident. If a liability decision is delayed or disputed, please send your insured for a recorded statement to enable us to determine liability.
3. My client also demands you immediately identify and maintain all evidence concerning this incident, including all reports, recordings, witness statements, property damage estimates, and any other items of physical evidence of the subject incident and send it to our firm.
4. Any and all prior wage, medical or any other authorizations signed by our client are hereby expressly revoked.
5. Send our office any recorded statements of our client or any witnesses to the incident.

Thank you for your cooperation in this matter. Should you have any questions or concerns, please contact us.

Sincerely,

Smith & Associates

{{ case\_manager\_first }} {{ case\_manager\_last }}

Assistant to John Smith, Esq.

{{ case\_manager\_email }}

949-416-5777 ext. {{ case\_manager\_ext }}