

JOHNSON & ASSOCIATES

Attorneys at Law
6149 Park Ave
Miami, FL 99845
Phone: 350-410-1357 | Fax: 354-945-3996

Date: 08/27/2019

Progressive
Claims Department
P.O. Box 12345
Houston, TX 73476

RE: Demand for Settlement - John Martin

Claim Number: CLM-HO0119
Date of Loss: 08/26/2019
Your Insured: John Martin

Dear Claims Adjuster:

This firm represents John Martin in connection with the above-referenced claim. On 08/26/2019, our client sustained injuries and property damage as a direct result of the incident described in your claim file. Our client has incurred substantial medical expenses lost wages, and continues to suffer from pain and limitations in daily activities.

DAMAGES SUMMARY:

Medical Expenses: \$30,314
Lost Wages: \$14,614
Property Damage: \$29,987
Pain and Suffering: \$63,164

TOTAL DEMAND: \$94,327

This demand is made in good faith based on the injuries, damages, and losses sustained by our client. We request that you respond to this demand within 30 days of receipt. Should you fail to respond appropriately, we are prepared to pursue all available legal remedies including filing

Please direct all communications to our office.

Sincerely,

Sarah Johnson, Esq.
Johnson & Associates
Attorney for John Martin