

JOHNSON & ASSOCIATES

Attorneys at Law
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Phone: 636-855-3201 | Fax: 222-319-6366

Date: 11/01/2019

Farmers
Claims Department
P.O. Box 12345
Phoenix, TX 70691

RE: Demand for Settlement - Susan Jones

Claim Number: CLM-HO0133
Date of Loss: 11/01/2019
Your Insured: Susan Jones

Dear Claims Adjuster:

This firm represents Susan Jones in connection with the above-referenced claim. On 11/01/2019, 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: \$29,975
Lost Wages: \$11,960
Property Damage: \$35,000
Pain and Suffering: \$39,455

TOTAL DEMAND: \$88,141

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,

Robert Williams, Esq.
Johnson & Associates
Attorney for Susan Jones