

# SMITH LEGAL GROUP

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Date: 08/02/2019

State Farm  
Claims Department  
P.O. Box 12345  
Dallas, AZ 70431

**RE: Demand for Settlement - William Hernandez**

Claim Number: CLM-HO0155  
Date of Loss: 07/28/2019  
Your Insured: William Hernandez

Dear Claims Adjuster:

This firm represents William Hernandez in connection with the above-referenced claim. On 07/28/2019, 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: \$11,403  
Lost Wages: \$12,872  
Property Damage: \$26,098  
Pain and Suffering: \$33,407

**TOTAL DEMAND: \$79,911**

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.**  
Smith Legal Group  
Attorney for William Hernandez