

JOHNSON & ASSOCIATES

Attorneys at Law
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Date: 11/28/2019

Progressive
Claims Department
P.O. Box 12345
Houston, AZ 76864

RE: Demand for Settlement - James Anderson

Claim Number: CLM-HO0203
Date of Loss: 11/25/2019
Your Insured: James Anderson

Dear Claims Adjuster:

This firm represents James Anderson in connection with the above-referenced claim. On 11/25/2019, 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: \$19,732
Lost Wages: \$10,086
Property Damage: \$123,823
Pain and Suffering: \$25,405

TOTAL DEMAND: \$174,633

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 James Anderson