<<COURT\_NAME>>

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| <<PROVIDER\_SUITNAME>>,  a/a/o <<INJUREDPARTY\_NAME>>    Plaintiff,  vs.  <<INSURANCECOMPANY\_SUITNAME>>  Defendant. | Case No. <<INDEXORAAA\_NUMBER>> |

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DESIGNATION OF E-MAIL ADDRESSES PURSUANT TO

FLORIDA RULE OF JUDICIAL ADMINISTRATION 2.516(b)(l)(A)

COMES NOW, Robert Gonzalez, Esq., counsel for Plaintiff, <<PROVIDER\_SUITNAME>>, and hereby gives notice of designating e-mail addresses for receiving service. Pursuant to Florida Rule of Judicial Administration 2.516, the undersigned counsel designates the following email addresses:

Primary E-Mail Address for Pleadings: [pleadings@flinslaw.com](mailto:pleadings@flinslaw.com)

Scheduling: [scheduling@flinslaw.com](mailto:scheduling@flinslaw.com)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that the foregoing has been propounded to Defendant, <<INSURANCECOMPANY\_SUITNAME>>, simultaneously with the service of the process and Statement of Claim on said Defendant.

Florida Insurance Law Group, LLC

8724 Sunset Drive, # 260

Miami, FL 33173

By: */s/ Robert Gonzalez*

Robert Gonzalez, Esq.

FBN: 68865

[pleadings@flinslaw.com](mailto:pleadings@flinslaw.com)

<<COURT\_NAME>>

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| <<PROVIDER\_SUITNAME>>,  a/a/o <<INJUREDPARTY\_NAME>>    Plaintiff,  vs.  <<INSURANCECOMPANY\_SUITNAME>>  Defendant. | Case No. <<INDEXORAAA\_NUMBER>> |

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**CERTIFICATE OF SERVING FIRST SET OF INTERROGATORIES TO**

**DEFENDANT, <<INSURANCECOMPANY\_SUITNAME>>,**

I HEREBY CERTIFY that First Set of Interrogatories have been propounded to Defendant, <<INSURANCECOMPANY\_SUITNAME>>, simultaneously with the service of the process and Statement of Claim on said Defendant.

Florida Insurance Law Group, LLC

8724 Sunset Drive, # 260

Miami, FL 33173

By: */s/ Robert Gonzalez*

Robert Gonzalez, Esq.

FBN: 68865

[pleadings@flinslaw.com](mailto:pleadings@flinslaw.com)

<<COURT\_NAME>>

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| <<PROVIDER\_SUITNAME>>,  a/a/o <<INJUREDPARTY\_NAME>>    Plaintiff,  vs.  <<INSURANCECOMPANY\_SUITNAME>>  Defendant. | Case No. <<INDEXORAAA\_NUMBER>> |

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**FIRST SET OF INTERROGATORIES TO**

**DEFENDANT <<INSURANCECOMPANY\_SUITNAME>>**

Plaintiff, <<PROVIDER\_SUITNAME>>, propounds the following Interrogatories to Defendant, <<INSURANCECOMPANY\_SUITNAME>>, and requests written answers, under oath, pursuant to Rule 1.340 of the Florida Rules of Civil Procedure within forty-five (45) days from the date of the service.

The terms “you” and “your” mean <<INSURANCECOMPANY\_SUITNAME>>, or any person, entity or corporation except your own attorney, that is or was acting on behalf of or under the direction of or at the instruction of <<INSURANCECOMPANY\_SUITNAME>>, during the relevant time.

The term “insurance claim” means a claimed loss bearing claim number <<INS\_CLAIM\_NUMBER>> by the Insured, <<INJUREDPARTY\_NAME>> under the subject policy of insurance with Defendant for the property located at <<INJUREDPARTY\_FULL\_ADDRESS>>.

If not already defined by the interrogatory, the relevant time for the purposes of these interrogatories shall be the first effective date of the subject policy of insurance with Defendant for the property located at <<INJUREDPARTY\_FULL\_ADDRESS>> as owned by the Insured, <<INJUREDPARTY\_NAME>>, to the present.

These interrogatories are not intended to invade the attorney-client relationship. Accordingly, these interrogatories do not seek the disclosure of privileged communications between you and your attorney. To the extent that you believe any of the following Interrogatories to be objectionable, answer so much of each Interrogatory and each part thereof as is not, in your view objectionable, and separately state so much of that part of each Interrogatory as to which you raise an objection and each ground for each such objection.

INTERROGATORIES

1. Identify all individuals whom you know to have knowledge of the insurance claim in this case. In responding to this request, state the full name; place of employment; business address; and telephone number for each person; what position they serve for the Defendant, if any; and a brief description of each persons knowledge of the claim.
2. State the date that the subject claim was reported to Defendant.
3. State the date that Defendant first inspected the subject loss.
4. State the date that Defendant responded to Plaintiff’s 10-day demand letter.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE FOREGOING ANSWERS TO INTERROGATORIES ARE TRUE AND CORRECT.

I AM ALSO AWARE THAT ANY MATERIALLY FALSE STATEMENT KNOWINGLY MADE WITH THE INTENT TO DEFRAUD OR MISLEAD SHALL SUBJECT ME TO THE PENALTY OF PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE COURT.

DATED: <<NOWDT>>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Certification**

BEFORE ME, the undersigned authority, this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who having been duly sworn, deposes and says that he/she executed to the best of his/her knowledge the foregoing Answers to Interrogatories in Aid of Execution and that such Answers are true and correct.

Sworn to and subscribed before me on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission expires:

<<COURT\_NAME>>

|  |  |
| --- | --- |
| <<PROVIDER\_SUITNAME>>,  a/a/o <<INJUREDPARTY\_NAME>>    Plaintiff,  vs.  <<INSURANCECOMPANY\_SUITNAME>>  Defendant. | Case No. <<INDEXORAAA\_NUMBER>> |

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**CERTIFICATE OF SERVING**

**FIRST REQUEST FOR PRODUCTION TO**

**DEFENDANT <<INSURANCECOMPANY\_SUITNAME>>**

I HEREBY CERTIFY that the First Request for Production has been propounded to Defendant, <<INSURANCECOMPANY\_SUITNAME>>, simultaneously with the service of the process and Statement of Claim on said Defendant.

Florida Insurance Law Group, LLC

8724 Sunset Drive, # 260

Miami, FL 33173

By: */s/ Robert Gonzalez*

Robert Gonzalez, Esq.

FBN: 68865 [pleadings@flinslaw.com](mailto:pleadings@flinslaw.com)

<<COURT\_NAME>>

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| --- | --- |
| <<PROVIDER\_SUITNAME>>,  a/a/o <<INJUREDPARTY\_NAME>>    Plaintiff,  vs.  <<INSURANCECOMPANY\_SUITNAME>>  Defendant. | Case No. <<INDEXORAAA\_NUMBER>> |

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**FIRST REQUEST FOR PRODUCTION TO**

**DEFENDANT <<INSURANCECOMPANY\_SUITNAME>>**

Plaintiff, <<PROVIDER\_SUITNAME>>, requests Defendant, <<INSURANCECOMPANY\_SUITNAME>>, to produce the following documents at the offices of the undersigned counsel pursuant to Florida Rule of Civil Procedure 1.350 within forty-five (45) days after service.

The terms “you” and “your” mean <<INSURANCECOMPANY\_SUITNAME>>, or any person, entity or corporation except your own attorney, that is or was acting on behalf of or under the direction of or at the instruction of <<INSURANCECOMPANY\_SUITNAME>>, during the relevant time.

The term “insurance claim” means a claimed loss bearing claim number <<INS\_CLAIM\_NUMBER>> by the Insured, <<INJUREDPARTY\_NAME>> with Defendant for the property located at <<INJUREDPARTY\_FULL\_ADDRESS>>.

If not already defined by the request for production, the relevant time for the purposes of these document requests shall be the first effective date of the subject policy of insurance with Defendant for the property located at <<INJUREDPARTY\_FULL\_ADDRESS>> as owned by the Insured, <<INJUREDPARTY\_NAME>>, to the present.

The term “document” shall include writings, notes, drafts, outlines, recordings and files, regardless of storage media; they include, but are not limited to, writings contained on paper, recordable tape, celluloid, disks, hard drives, electronic mail servers or any other digitally stored media.

This request for production is not intended to invade the attorney-client relationship. Accordingly, the request for production does not seek the production of privileged letters or correspondence between you and your attorney. To the extent that you believe any of the following requests to produce are objectionable, produce so much of each request and each part thereof as is not, in your view objectionable, and separately state so much of that part of each request to produce as to which you raise an objection and each ground for each such objection.

For any document over which a claim of privilege is made, please provide a complete privilege log with enough information so that the subject of the privilege can be properly assessed, including but not limited to the date of the document, the number of pages of the document, a description of the document, the specific privileged claim.

**REQUEST FOR PRODUCTION**

1. The original and/or a true and correct certified copy of the insurance policy described in the Statement of Claim, including declaration page, endorsements, and all addendums, if any.
2. Any and all copies of all checks issued by Defendant and payable to or on behalf of Plaintiff representing payment for damages and costs relating to Claim Number <<INS\_CLAIM\_NUMBER>>.
3. Any and all copies of all checks issued by Defendant and payable to or on behalf of Insured <<INJUREDPARTY\_NAME>> representing payment for damages and costs relating to Claim Number <<INS\_CLAIM\_NUMBER>>.
4. Any and all copies of all correspondence sent by Defendant to Plaintiff relating to Claim Number <<INS\_CLAIM\_NUMBER>>.
5. Any and all copies of all correspondence sent by Defendant to <<INJUREDPARTY\_NAME>> relating to Claim Number <<INS\_CLAIM\_NUMBER>>.
6. Any and all copies of coverage determination correspondences relating to the subject claim.
7. Any and all copies of Defendant’s response to Plaintiff’s 10-day demand letter.
8. Any and all copies of proof of mailing (or emailing) of said documents in response to request for production numbers 2, 3, 4, 5, 6 and 7.