<<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 Plaintiff’s 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.

**The Florida Insurance Law Group, LLC**

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Tel. (305) 906-4262



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Fla. Bar No. 68865

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

<<COURT\_NAME>>

|  |  |
| --- | --- |
| <<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 any fact relating to 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: