<<COURT\_NAME>>

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

CERTIFICATE OF SERVING 2nd SET OF INTERROGATORIES

TO DEFENDANT, <<INSURANCECOMPANY\_SUITNAME>>

I HEREBY CERTIFY that on February 19, 2022, a true and correct copy of the foregoing was filed and served through the Florida E-File Portal to <<OPPOSING\_COUNSEL\_NAME>>.

**Florida Insurance Law Group, LLC**

8724 Sunset Drive, #260, Miami, FL 33173

Tel. (305) 906-4262



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Fla. Bar No. 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>> |

SECOND 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 thirty (30) 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 Plaintiff 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 persons you have consulted with that may claim to have qualifications as an expert concerning any aspect of this litigation. In responding to this request, state:
2. The name of each potential expert;
3. Address of each potential expert;
4. The discipline in which that person claims to have expertise;
5. The extent of the potential expert's training;
6. The date that the potential expert was retained;
7. Whether the potential expert has examined any place or item involved in the insurance loss that is the subject matter of the Complaint;
8. The date on which any such examination was conducted;
9. Any persons present at the time of the examination;
10. All documents relating to the potential expert's investigation;
11. The present custodian of any documents from “i.”
12. Identify the specific factual basis upon which the Defendant relies upon for issuing or denying payment under the subject insurance policy for the services provided by Plaintiff in this case.
13. Identify each and every person who participated in the decision by Defendant to deny any portion of the insurance claim by the Insured <<INJUREDPARTY\_NAME>> and/or payment for the provided by Plaintiff in this case. In responding to this request, state the full name; place of employment; business address; and telephone number for each person.
14. Identify all adjusters Defendant assigned to the insurance claim for the Insured, <<INJUREDPARTY\_NAME>>, in this case. In responding to this request, state the full name; place of employment; business address; and telephone number for each person along with their educational background and years of experience in adjusting real property claims.
15. Identify all individuals who participated in the processing and claim handling of the insurance claim for the Insured, <<INJUREDPARTY\_NAME>>, in this case. In responding to this request, state the full name; place of employment; business address; and telephone number for each person along with their title or management position with Defendant.
16. Identify all insurance policy endorsements that the Defendnat is relying upon in defense of this matter. In responding to this request, provide the exact endorsement title or code and a summary of what the endorsement provides.
17. Identify all persons who have made an evaluation, assessment, calculation or determination as to the amount of loss for any damage in the insurance claim for the Insured <<INJUREDPARTY\_NAME>> and/or Plaintiff in this case. In responding to this request, state the full name; place of employment; business address; and telephone number for each person.
18. Identify all payments made by the Defendant for or on account of the Insurance Claim. In responding to this request, identify the date of each payment; the amount of each payment; the purpose for each payment; and each payee.
19. Identify the date that the Defendant first anticipated litigation in the Insurance Claim in this case.
20. Identify the date that you received notice of the invoices and Assignment of Benefits from the Plaintiff in this case.
21. Identify the specific exclusion of the subject policy of insurance which Defendant relies upon in its refusal to issue payment for the services invoiced by Plaintiff in the Insurance Claim.
22. Identify the specific statute which Defendant relies upon in its refusal to issue payment for the services invoiced by Plaintiff in the Insurance Claim.

END OF INTERROGATORIES

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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: