{today}

**VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

**VIA EMAIL:** {emailAddress}

{mailAddress}

|  |  |  |
| --- | --- | --- |
| Re: | Claimant(s)/Plantiff(s): | {claimants} |
|  | Name Insured: | {insuredName} |
|  | Insurer: | Richmond National Insurance Company |
|  | Policy No: | {policyNumber} Eff. {policyPeriod} |
|  | Claim No: | {claimNumber} |

Dear Mr./Mrs. {recipient}:

Richmond National Services, Inc. (“RNSI”) is the claims service administrator for Richmond National Insurance Company (“RNIC”). We received your recent correspondence requesting statutory disclosures under Florida Statute § 626.9372. We provide the following disclosures on behalf of {insuredName}

§ 626.9372 (1)(a) **The name of the insurer.** Richmond National Insurance Company.

§ 626.9372 (1)(b) **The name of each insured.** The policy was issued to {insuredName} as the first Named Insured. For any other individuals or entities that may qualify as insureds, we encourage you to review the policy.

§ 626.9372 (1)(c) **The limits of the liability coverage**. ${occurencePerClaim}

Each Occurrence; {generalAggregate} General Aggregate.

§ 626.9372 (1)(d) **A statement of any policy or coverage defense reasonably believed to be available.**

Based on the information available at this time:

Cite potential coverage defenses/exclusions

OR

None currently known at this time, however RNIC reserves all rights to assert coverage defenses as they become known.

§ 626.9372 (1)(e) **A copy of the policy.** Attached is a true and correct copy.

§ 626.9372 (1) **Other known potentially available insurance.**

At this time, RNIC is unaware of any other insurance that is available in this matter.

Or, if we wrote the excess as well (or any other policy for this insured, make sure to include it:

RNIC also issued Policy No. {policyNumber} to {insuredName}. A copy is attached for your convenience.

Nothing in this letter should be construed as a waiver or surrender of the terms, limitations, exclusions, conditions or agreements of any policy issued by RNIC. Nor should this letter be considered an exhaustive recitation of all the potential coverage issues or provisions of any policy that might apply. RNIC specifically reserves the right to amend or supplement its positions.

Sincerely,

{signature}

{emailSignature}

cc: {insuredName}

{insuredEmail}

{insuredAddrShort}

*Please advise if any of the information in this disclosure is inaccurate or incomplete.*

[RETAIL AGENT] – {agent}

*Please advise if any of the information in this disclosure is inaccurate or incomplete.*

{producerName}

{producerEmail}