



Kemper
P.O. Box 2843
Clinton, IA 52733

RAMS LAW INJURY DIVISION
10190 BANNOCK STREET, STE 200
NORTHGLENN, CO 80260

Policy underwritten by
Infinity Insurance Company

Named insured: Gustavo Alvarez

Claimant: Gustavo Alvarez

Claim number: 23123822091

Date of loss: September 21, 2023

Date of mailing: February 8, 2024

Dear RAMS LAW INJURY DIVISION:

We are writing to acknowledge receipt of your February 1, 2024 letter of representation for Gustavo Alvarez.

In order to proceed with your client's claim, we need your assistance to complete our investigation and avoid delays. Please provide the following information:

- Your client's recorded statement.
- Your client's date of birth and social security number.
- A copy of the police report.
- A list of all medical providers.
- Copies of all hospital and medical provider records regarding the nature and extent of your client's injuries.
- Copies of all hospital and medical provider bills with CPT and diagnostic codes.

Please contact the undersigned if you have questions or concerns about the Uninsured Motorist - Bodily Injury claim.

Thank you for your cooperation and timely response. If you have any questions, please contact us and have the claim number available so we can assist you as quickly as possible.

Sincerely,

Parisse Torres
Claims Team
T 800-353-6737, ext.1482117
F 888-976-2123
ptorres3@kemper.com

CC: RAMS LAW INJURY DIVISION 10190 BANNOCK STREET, STE 200 NORTHGLENN, CO 80260

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

UNINSURED MOTORIST ACCEPTANCE / REJECTION (Form No. 50560UMC02)

I understand that the state of Colorado requires insurance protection against Uninsured Motorist Bodily Injury and Uninsured Motorist Property Damage be afforded to me under my motor vehicle policy unless I specifically reject this coverage. Further, I understand that should I elect to carry Uninsured Motorist Bodily Injury Coverage, I have the option to purchase limits of liability equal to or lower than the Bodily Injury liability limits selected for the policy. Understanding this, I sign this Uninsured Motorist Acceptance/Rejection as witnessed by my signature below with respect to all vehicles covered under this policy. Further, this Uninsured Motorist Acceptance/Rejection applies not only to this policy, but also to all renewals thereof unless I instruct the Company to the contrary in writing. Understanding this coverage and having been advised of the premium, I hereby sign this Uninsured Motorist Acceptance/Rejection for this coverage and request the policy be issued.

CHECK LIMITS PURCHASED BELOW:☒ Accept Uninsured Motorist Bodily Injury

- ☐ \$25,000 / \$50,000
☐ \$50,000 / \$100,000
☒ \$100,000 / \$300,000
☐ \$250,000 / \$500,000

- ☐ \$100,000 CSL
☐ \$300,000 CSL
☐ \$500,000 CSL
☐ \$750,000 CSL
☐ \$1,000,000 CSL

☐ Accept Uninsured Motorist Property Damage

- ☐ Actual cash value or cost of repair or replacement, whichever is less, with \$250 Deductible

☐ Reject Uninsured Motorist Bodily Injury☒ Reject Uninsured Motorist Property Damage

Applicant

Signature: XGuillermo Alvarez

Date

3/2/23

Time

8:00☐ AM☒ PM

**MEDICAL PAYMENTS COVERAGE SELECTION / REJECTION
- COLORADO**

Applicant/Insured: El Toro Construction & Roofing

Policy ID Number: 505-60000-3282-001

Medical Payments Coverage provides insurance protection to an insured without regard to legal liability, for reasonable medical expenses that result from an automobile accident. However, the state of Colorado permits you to reject Medical Payments Coverage.

Unless expressly rejected, Medical Payments Coverage will be provided to you at limits up to \$5,000 for each person injured in an automobile accident.

☐ I **accept** Medical Payments Coverage.

Applicant

Signature: _____ Date _____ Time _____ ☐ AM ☐ PM

REJECTION OF MEDICAL PAYMENTS COVERAGE

If you wish to reject Medical Payments Coverage, you may do so by signing below:

☒ I **reject** Medical Payments Coverage. Any rejection will apply to future renewal policies unless we receive a written request at a later date to add the rejected coverage to your policy.

Applicant

Signature: X Gustavo Alvarez Date 3/2/23 Time 5:00 ☐ AM ☒ PM

Form Number: 50560MPC01