March 10, 2023

c/o Mobilitas General Insurance Company

CT Corporation System

7700 E. Arapahoe Rd Ste 220

Centennial, CO 80112

**Request for Insurance Policy Information Pursuant to C.R.S. §10-3-1117**

**Re:** ***Our Client: Theodore Angel***

***Your Insured/Driver: Hope Hinkson***

***Date of Incident: 02/23/2023***

***Claim #: 23-00-083609***

To Whom It May Concern:

We represent Theodore Angel for injuries received in an accident which occurred on February 23, 023 involving your insured.

Pursuant to C.R.S. §10-3-1117, you have thirty days from receipt of this letter to provide this office via mail, facsimile, or electronic delivery with the following items with regard to each known insurance policy, including excess or umbrella coverage, which is or may be relevant to my client’s claim: (1) the name of the insurer, (2) the name of each insured party as the name appears on the declarations page of the policy, (3) the limits of liability coverage, and (4) a complete copy of the policy.

Please note that your failure to provide this information within 30 days of receipt of this written request will subject you to a $100 per day fine starting on the 31st day. Additionally, you will be liable for any attorney fees and costs incurred by our office enforcing those fines.

Thank you,

Michel Estrada

Paralegal

michel@ramoslaw.com