**{date}**

Ins. Co.: {carrier}

**Attention: Claims Department**

**CLAIM # {claim}**

**Insured: {insured}**

**Address: {address}**

**Policy Number: {policy\_number}**

**D.O.L.: {date\_of\_loss}**

**Damage due to: {loss\_cause}**

Dear :

Please consider this letter a formal request that the entire amount of the Proof of Loss be issued to the Insured. The Insurer should issue payment of the entire amount of the Proof of Loss to its insured for their loss and damages without delay. A failure to issue the entire amount of the Proof of Loss is contrary to the insurance company’s duty to treat the insured(s) fairly, honestly and with due regard for the insured(s) interest. I am sure this is not the company’s intention.

Please forward a check made payable to the Insured and our company for the entire amount of the Proof of Loss known to exist within the next 7 days. If there is a reason why payment of the current amount cannot be tendered in the next 7 days, please provide the company’s written position on this issue so I can make the insured aware of that position.

Thank you in advance for your prompt attention to this matter. We continue to look forward to working with you to amicably resolve this claim for the benefit of the insured.

Please be advised that if we do not receive prompt payment of the entire amount of the Proof of Loss within 7 days of this letter or the company’s written position for denying this request, we will be forced to advise our clients that their rights to recovery may be compromised and they should seek advice of counsel to proceed in the filling of a Civil Remedy Notice.

Should you have any questions, comments or concerns with regard to the claim, please do not hesitate to have any one of them contact me directly at the office or via email. My email address is claims@flapublicadjusting.com

Respectfully,

Josh Solomon P.A.,

Lisc. # W

Office: (305) 417-9770