<< Date.Verbose >>

**VIA Certified Mail and Return Receipt**

<< Matter.Relationships.Defendant'sInsuranceCompany.Name >>

**ATTN:** Claims Department

<< Matter.Relationships.Defendant'sInsuranceCompany.Address >>

|  |  |  |
| --- | --- | --- |
| **Re:** | **Representation of:** | **<< Matter.Client.Name >>** |
|  | **Subject:** | Bus Injury Claim |
|  | **Address:** | << Matter.Client.Address >> |
|  | **Date of Accident:** | << Matter.CustomField.DateOfIncident >> |
|  | **Coach No.:** | << Matter.CustomField.CoachNo >> |
|  | **Line No:** | << Matter.CustomField.LineNo >> |
|  | **Claim No:** | << Matter.CustomField.DefendantsInsuranceClaimNo >> |
|  | **Location of Incident:** | Near << Matter.CustomField.CrossStreets >>  << Matter.CustomField.IncidentLocationCity >>, << Matter.CustomField.IncidentLocationState >> |

Dear Claims Representative:

Please be advised that this office has been retained to represent << Matter.Client.Name >> in connection with injuries sustained in a motor vehicle accident. This accident was caused by the negligence of your insured, **<< Matter.CustomField.TransitAgency >>.**

<< Matter.CustomField.DescriptionOfIncident >>

We respectfully request that you acknowledge our representation. Once our client has completed medical treatment, our office will submit a settlement package under separate cover. As required under Maryland law, please provide written disclosure of your insured’s liability policy limits.

Should you have any questions, do not hesitate to contact this office directly.

Sincerely,

Icon

Description automatically generated

David C.M. Ledyard

DL/<< Matter.CustomField.UserInitials >>