

Date

Name

Address

City, State, Zip Code

Claim Number:

Policy Number:

Insured:

Claimant:

Date of Loss:

Dear Sirs:

We acknowledge receipt your letter of representation. I am the adjuster assigned to handle this file. Please refrain from contacting our insured directly. Please forward all correspondence regarding your client to me at the above address.

If you need to speak with me, you may call me during my regular office hours of 8 a.m. to 4:30 p.m. or leave a message on my voice mail, and I will return your call as soon as possible.

Very truly yours,

Name

Title