

Date

Name

Address

City, State Zip Code

RE: Claim Number:
 Policy Number:
 Insured:
 Claimant:
 Date of Loss:

Dear :

Please be advised due to a claim file reassignment, I am now the claim representative responsible for the handling of this claim. Please forward any future correspondence to me at the above address.

If you have any questions or concerns, you may contact me during my regular office hours of 8:00 a.m. to 4:30 p.m. or leave a message on my voice mail, and I will call you back as soon as possible.

Very truly yours,

Name

Title