

Date

Name

Address

City, State Zip Code

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

Dear :

We have completed our investigation of this accident and determined that you are legally responsible for the damage to our insured's property. We have paid our insured for his damage and are requesting reimbursement as indicated below.

(Insert theory of Liability if applicable)

Please send your check to “_____as subrogee of _____”. If we do not hear from you within fifteen days of this letter, we will take appropriate legal action for recovery.

I can be reached during regular office hours of 8:00 a.m. to 4:30 p.m. or you may leave a message on my voice mail, and I will return your call as soon as possible.

Very truly yours,

Name

Title