



(Your Name)

(Your Street Address)

(Your City, State, Zip Code)

(Date)

(Name of adjuster or highest ranking ins. co. employee)

(Name of Insurance Co.)

(Address)

Re: Claim Number _____

Date of Loss: _____

Name of Insured: _____

Address of Insured Property: _____

Dear _____,

We are continuing to do our best to document our loss and cooperate with your company to reach a fair and full settlement. As you know, the one-year anniversary of our loss is approaching.

We are looking forward to resolving our claim as quickly as possible, and it is important that we understand our options and our legal rights.

We are writing to confirm our understanding that:

- 1) Our claim is open and being processed.
- 2) You will not be enforcing the "Suit Against Us" or any lawsuit limitation provision in the policy until a year after you have completed the claim adjustment process and closed our claim.
- 3) When you complete the claim adjustment process, close our claim and/or pay all you intend to pay, you will let us know in writing.

Unless we hear otherwise, we will rely on our understanding of the above three points.

Sincerely,

YOUR NAME

United Policyholders ("UP") is a non-profit information resource and a voice for insurance consumers in all 50 states and the District of Columbia. We give you the straight scoop on insurance matters. We don't accept financial support from insurance companies. We don't give legal advice or endorse or warrant any of our sponsors.

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SAMPLE

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