



JZ helps
an injury law firm

1450 Madruga Ave.
Suite 200
Coral Gables, Florida 33146

Tel: 305 661 9977
Fax: 786 472 4179

jz@jzhelps.com

Date

[Adverse Insurer Name]
[Address]

Sent only via certified mail R/R # and via fax to and email to

Re: My client:
Date of Crash:
Claim #:
Your policyholder:

Dear [Adverse Insurer Name]:

Please be advised that the undersigned attorney of the above law firm has been retained to represent the above-named client for damages sustained from the accident that occurred on or about the above date. You are further advised that all discussions and negotiations involving our client's claim are to be made directly with this office and you are not to discuss the matter directly with our client.

My client received treatment at [list all medical providers] following the crash. His/her injuries are [list injuries]. [She has radiating pain, which as you know may be indicative of a herniated disc]. [He/she is a {job title} and has missed {list # of days of missed work} as a result of the crash].

Pursuant to Florida Statutes §627.4137, please provide a statement, under oath, of a corporate officer, setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance in your insured's name or members of their household:

- (a) The name of the insurer.
- (b) The name of each insured.
- (c) The limits of liability coverage.

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- (d) A statement of any policy coverage defense which such insurer reasonably believes is available to such insurer at the time of filing such statement.
- (e) A copy of the policy.

Please furnish us with copies of any statements that you have obtained from our client concerning this accident. Additionally, kindly consider this letter as written request on behalf of the claimant to disclose the name and coverage of each other known insurer affording coverage to your insured, and that you forward our client's request herein for information under F.S. §627.4137 to such other affected insurers.

Please also immediately send us the following information if you have it, or in the alternative as soon as you get it:

- (1): All color pictures (or black & white if color is not available) of the damage to any vehicles (or if applicable, bicycles, scooters, motorcycles, property, etc.) involved in this loss. Please also send us any pictures of the crash scene. If you do not have pictures in your possession, please send them asap following your receipt of same. If you did not take any pictures, please advise us that you did not take any pictures.
- (2): A copy of any and all recorded statements given by my client or any other individual regarding this claim.
- (3): A copy of any and all crash reports and driver exchange of information.
- (4): A copy of any witness statements that you have.
- (5): A copy of any property damage estimates to the vehicles or any other property involved in this loss.

You are hereby requested to comply with all of the foregoing conditions within 30 days of the date of this letter. My preferred method of communication is email (jz@jzhelps.com) or fax (786-472-4179) rather than mail.

Please find enclosed a CD which contains the following:

- a. [List medical records]
- b. [List medical bills]
- c. [List pictures of property damage to vehicle(s)]
- d. [List property damage estimate of host vehicle]
- e. [List lost wage documentation]
- f. [List receipts of miscellaneous damage]
- g. [Any other documentation]
- h. [driver exchange of information or Florida crash report]

If you do not receive said attachment, please let me know immediately.

Thank you for your cooperation and assistance in this matter.

Sincerely,

[Name]

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