



JZ helps  
an injury law firm

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[Insert Date]

Attn: Consumer Complaints  
FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF CONSUMER SERVICES

Uploaded to Portal

Re:

Insurance Company: [Insert Insurance Company Name]  
Our Client:  
Date of Loss:  
Policy#:  
Vehicle Owner/Insured:

Dear Consumer Complaints (FLORIDA DEPARTMENT OF FINANCIAL SERVICES),

I am filing a consumer complaint on behalf of my client, [Client Name] against [Insert Insurance Company Name] (hereinafter "Insert Insurance Company Name") for its:

- Failure to provide a reasonable explanation regarding its unwillingness to respond to our emails, faxes, voice message(s) and letters regarding applicable PIP, medical payments coverage and/or uninsured motorist coverage in its insured's policy which would provide coverage for our client. Failure to advise whether PIP, Medpay and/or UM coverage exist in this matter.
- Failure to provide the undersigned with a copy of all insurance policies – as previously requested in writing (via fax, email and certified mail – all on [Insert date sent]) by the undersigned that apply to this incident. The time to respond pursuant to Florida Statutes has expired. Fax confirmation of the 7-9-14 fax sent to Insert Insurance Company Name is attached. Email confirmation and the email is attached. I have attached an 8-10-14 USPS Tracking statement stating that Certified Mail has been

available for pickup since 7-10-14. I have attached the letter that was sent via certified mail. Said letter was sent to [Insert Insurance Company Name]'s PIP contact - listed on the Florida Department of Insurance website.

- Under Florida Statute 624.155, Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests;

In the aforementioned email and fax which were sent to [Insert Insurance Company Name], I attached the crash report which conclusively establish that my client was a passenger in [Insert Insurance Company Name]'s insured's vehicle. I also attached an executed [Statement of Vehicle Non Ownership](#) which would subject my client to PIP benefits under [Insert Insurance Company Name]'s insured's policy.

[Insert Insurance Company Name] has failed to acknowledge that our client is entitled to PIP benefits despite the overwhelming evidence that has been provided to them establishing the fact that they should be paying for her medical expenses under the PIP coverage in its insured's policy.

[Insert Insurance Company Name] has failed to provide any substantive explanation as to why it will not:

- Provide the undersigned with a copy of **all insurance policies and insurance information requested in our letter to [Insert Insurance Company Name] pursuant to Florida Statute Section 627.4137** – as previously requested in writing by the undersigned that apply to this incident; and
- Advise whether PIP, Medpay and/or UM coverage exist in this matter, and advise whether the subject policy(ies) will provide coverage to our client.
- Pay our client's medical bills from [insert medical provider's names] as well as any other medical bills and expenses which relate to this incident.

[Insert Insurance Company Name] has been provided all information to establish the validity of my client's claim. I am requesting that the Department of Insurance issue an investigation into the practices of [Insert Insurance Company Name] Insurance Company.

Very truly yours,

/s/ Justin Ziegler

Justin Ziegler  
Attorney

Cc: Via email to insurance company