



JZ helps
an injury law firm

1450 Madruga Ave.
Suite 200
Coral Gables, Florida 33146

Tel: 305 661 9977
Fax: 786 472 4179

jzhelps.com
jz@jzhelps.com

Today's Date

Attn: Request for Insurance Assistance
FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF CONSUMER SERVICES

Sent via facsimile to 850-413-1550 and via email ServicePoint@myfloridacfo.com; Your website is not working.

Re:

(Insert Insurer Name) (Disability Management Services)
My Client/(Insert Insurer Name)'s Claimant: Insert Client Name
Date of Loss:
Date of Birth:
Control No./Br.:

Dear FLORIDA DEPARTMENT OF FINANCIAL SERVICES,

I am filing a consumer complaint and request for insurance assistance on behalf of my client, Client Name, against (Insert Insurer Name) Insurance Company of America (hereinafter "(Insert Insurer Name)"). I represent my client in a third party personal injury lawsuit against a supermarket as a result of a slip and fall. Said lawsuit is based on a date of incident that arose **after** (Insert Insurer Name) began paying my client disability benefits for a **prior** injury. I have attached a letter from (Insert Insurer Name) to my office in an attempt to help you and (Insert Insurer Name) can quickly reference this claim.

This complaint is based upon:

1. (Insert Insurer Name)'s failure to provide an itemized payout log which shows payment beginning after the (Insert Date of Loss) (my client's incident involving an unrelated 3rd party's negligence) and after the time when Mr. (Insert Client Last Name) would have already been guaranteed to receive disability benefits if the 10/4/11 incident would not have occurred.
2. (Insert Insurer Name)'s failure to respond to a civil remedy notice of insurer violation # xxxx within the time required by law. The filing was accepted by the Florida Department of Insurance on x/x/x. Said civil remedy was emailed to [xxxx@\(Insert Insurer Name\).com](mailto:xxxx@(Insert Insurer Name).com), who is the claims adjuster that is handling this matter on behalf of (Insert Insurer Name). A copy of the civil remedy filing and email delivery receipt are attached.

3. Failure of (Insert Insurer Name) to act in good faith and discuss its alleged lien/subrogation rights.
4. (Insert Insurer Name)'s delay in discussing its lien rights.

Your website is been broken; therefore I am faxing and emailing this request to you.

Although (Insert Insurer Name) has provided me with an itemized lien showing disability benefits that were paid to my client, said itemized lien includes benefits that were paid **prior to** my client's personal injury claim arising from date of incident (Insert Date of Loss). Under well settled Florida law and any laws (if applicable), (Insert Insurer Name) is not entitled to recoup disability payments made prior to this date of incident.

This is despite the several phone calls and emails that I have sent to (Insert Subrogation Adjuster's Name) of (Insert Insurer Name) advising her of the law and asking to speak to their legal department.

(Insert Insurer Name) has failed to cite any law showing that it is entitled to recover benefits – from my client's settlement or judgment - that were paid for disability that occurred **prior to** the date of incident that resulted in a third party claim upon which I represent my client for.

(Insert Insurer Name) has failed to provide any substantive explanation despite repeated requests as to why it will not:

- Comply with #'s 1-4 listed above.

(Insert Insurer 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 Insurer Name) Insurance Company of America.

Very truly yours,

/s/ Justin Ziegler

Justin Ziegler
Attorney

Cc: [x@\(Insert Insurer Name\).com](mailto:x@(Insert Insurer Name).com)