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JZ helps
                                                                      a Florida injury law firm
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                                                                       Suite 306B
                                                                       Coral Gables, Florida 33146
                                                                       Tel: 305 661 99
                                                                      jz@jzhelps.com
                                                                       Website: justinziegler.net
{{ today.style2 }}
Sent via email to {{ defendant email }} and via fax: {{ defendant fax }}
{{ defendant company }}
{{ defendant address p1 }}
{{ defendant address p2 }}
       Our Client: {{ client full name }}
Re:
       Date of Incident: {{ doi.style1 }}
       Description and Location of incident: {{ incident_location }}
       Injuries: {{ current injuries description }}
       Claim #: {{ defendant claim no }}
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This firm represents the above client in a claim for damages from injuries suffered from suffered from a slip and fall on an unreasonably slippery bathtub on or about the above date of incident. Please direct all communication regard this matter to my firm, not my client.

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.

To {{ defendant company }}:

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

Additionally, kindly consider this letter a 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.

If you, your claims adjuster(s), or your agent took a recorded statement of our client, Florida Statute 92.33 requires you to provide our client with a copy of the statement. Specifically, it states:

"Any person... having possession of any written statement or a copy of such statement, by any injured person with respect to any accident or with respect to any injury to person...at the request of the person who made such statement or his or her personal representative, furnish the person who made such statement or his or her personal representative a true and complete copy thereof."

Please consider this a request under Florida Statute 92.33 to immediately furnish a copy of the statement to us.

Facts and Liability

We are alleging that your company's negligence caused our client's injuries. (Our recitation of the facts below is not meant to be exhaustive.) Your company/employees failed to inspect, correct and warn guests of a dangerous condition....

Additionally, the bathtub/shower and/or surrounding area lacked handrails and/or the proper handrails and/or the proper placement of handrails.

Damages

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Request to Preserve Evidence

We request that you preserve all evidence relating to this claim including, the bathtub/shower, any and all photographs, videos, tools, invoices, other records, and any other evidence.

Additionally, please preserve all surveillance video in or near the area (including near the exterior entrance/door to the room) and the adjacent walkway for the twelve hours (12) before the incident through twelve (12) hours after the incident.

Please do not alter, change or modify the subject area and all evidence until my office inspects it.

Additionally, please preserve all surveillance video that captured any of the following for the four hours (4) before the incident through one (1) hour after the incident:

- Our client
- The subject area/condition or witnesses
- The incident scene (and the surrounding area)

Please also preserve all video surveillance that shows paramedics examining our client and putting her onto a stretcher and into an ambulance.

Please also send us all incident reports for this incident, any emails, letters and/or faxes between your company and my client (and/or any of her family members).

If our client has completed any medical or other authorizations, we revoke them. Please send us any medical records, bills, lost wage info, incident reports or any other information that you have in your possession.

We are also making a claim for pain, suffering, inconvenience, and loss of enjoyment of life. We will describe this in detail in the future.

Sincerely,