

Liability Insurance Claim Escalation

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally escalate my workers' compensation claim regarding the incident that occurred on [Insert Date of Incident] while working at [Insert Location]. Despite my previous communications and submitted documentation, I have not received a satisfactory response or resolution regarding my claim.

For your reference, I have included details of prior correspondences and the documentation previously submitted:

- [Describe previous correspondences]
- [List any documentation submitted]
- [Mention any relevant medical reports or records]

Due to the ongoing lack of response, I kindly request an expedited review of my claim. The delay has caused significant distress and financial strain, as I am unable to return to work during my recovery.

Please provide me with an update on the status of my claim by [Insert a specific date]. I appreciate your immediate attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]