

Insurance Claim Representation Request

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster Name/Claims Department],

I am writing to formally request representation in regard to my recent insurance claim, [Claim Number], filed on [Date of Claim]. I authorize [Representation Name] to act on my behalf regarding this matter.

Please direct all future correspondence and inquiries related to this claim to [Representation Name] at [Representation Contact Information].

Thank you for your attention to this request. I look forward to your prompt confirmation of this representation.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Information]