

Insurance Legal Representation Acknowledgment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

This letter serves as formal acknowledgment of my legal representation regarding the insurance claim number [Insert Claim Number]. I have retained [Attorney's Name] of [Law Firm's Name] to represent me in all matters pertaining to this claim.

Please direct all future communications and any correspondence regarding this claim to my attorney. Their contact information is as follows:

[Attorney's Name]

[Law Firm's Name]

[Law Firm Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Thank you for your attention to this matter. I look forward to your prompt cooperation.

Sincerely,

[Your Name]