

# Notification of Legal Representation Agreement

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]

Subject: Legal Representation Agreement Notification

Dear [Insurance Company Contact Name],

I am writing to formally notify you that I have retained [Law Firm Name] to represent me in matters related to my insurance claim [Insert Claim Number].

Effective [Insert Start Date], all communications regarding this claim should be directed to my legal representatives at [Law Firm Name, Address, Phone Number, Email Address].

Please update your records accordingly and direct any future correspondence, inquiries, or documentation to my legal counsel.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]