

Legal Representation Confirmation

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

This letter serves to confirm that I, [Your Name], am formally representing [Client's Name] in connection with the insurance claim referenced under claim number [Claim Number].

All communications regarding this claim should be directed to my office. I appreciate your cooperation in this matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Law Firm Name]
[Law Firm Address]
[City, State, Zip Code]