

Insurance Company Name
Address Line 1
Address Line 2
City, State ZIP
Phone: (000) 000-0000
Date: _____

To:
Responsible Party/Insured Name
Responsible Party's Insurance Company
Claim Number / Policy Number if available
Address Line 1
City, State ZIP

Re: Initial Subrogation Notice

Our Insured: _____
Date of Loss: _____
Claim Number: _____

Dear Sir or Madam,

This letter serves as an initial notice of our company's subrogation claim arising from the above-referenced loss date concerning the property damage/liability loss involving your insured. We have made payment to our insured for damages resulting from this event, and we believe your insured may be liable for these damages.

We respectfully request that you acknowledge receipt of this letter and confirm whether you will accept liability for this claim. Please provide us with your claim number and the name and contact information of the adjuster assigned to this matter.

Should you require additional documentation to evaluate this claim, or if you wish to discuss this matter further, please contact the undersigned at your earliest convenience.

Sincerely,

Name
Title / Position
Insurance Company Name
Phone: (____) ____-____
Email: _____