

[Your Company Name]

[Address Line 1]

[Address Line 2]

[City, State ZIP]

[Phone Number]

[Email Address]

[Date]

[Recipient Name]

[Recipient Title/Department]

[Other Party's Insurance Company Name]

[Insurance Company Address Line 1]

[Insurance Company Address Line 2]

[City, State ZIP]

Subject: Subrogation Request for Liability Claim – [Our Policy Number / Claim Number]

Dear [Recipient Name or "Claims Department"],

We are writing to formally request subrogation regarding the following claim:

- **Insured:** [Your Client/Insured Name]
- **Policy Number:** [Your Policy Number]
- **Claim Number:** [Your Claim Number]
- **Date of Loss:** [Date of Incident]
- **Location of Loss:** [Incident Location]

Our investigation concluded that your insured, [Other Party's Insured Name], was responsible for the damages arising from the incident referenced above. As a result, we have indemnified our insured for their loss in the amount of [Amount Paid].

Accordingly, we hereby request reimbursement for the total amount paid by our company for this loss. Attached you will find supporting documentation, including the signed subrogation agreement, itemized payment statements, police report, and photographs (if applicable).

Please remit payment to the address listed above or advise if additional information is required to process this subrogation claim. We appreciate your timely attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Contact Information]