Date

Name of Adjuster (if known)

Insurance Company Name

Insurance Company Address

City, State Zip Code

 ***SUBROGATION RECOVERY DEMAND***

RE: YOUR INSURED : Registered Owner

CLAIMANT : City of

 DATE OF LOSS : month day, year

 LOCATION OF LOSS : Location

 CITY FILE NUMBER : (If applicable)

 YOUR CLAIM NUMBER : Insurance Claim Number

Dear Mr., Mrs., or Ms. Adjuster Name:

On date of loss, (insert named of insured or driver) was involved in a traffic collision that resulted in damage to city-owned property, in the amount of $\_\_\_\_\_\_\_\_. Our investigation has determined that your insured, as the registered owner is responsible for the traffic collision, and the damages to the City’s DESCRIBE PROPERTY. I am enclosing copies of the Actual Repair Costs, Traffic Collision Report and Color Photographs.

Please forward a check made payable to the City of (insert name) in the amount of $\_\_\_\_\_\_ and send to my attention.

Your kind cooperation and prompt attention to this matter is greatly appreciated.

Sincerely,

Name

Title

Enclosures