(*letter to the at fault liability carrier)*

***Send via fax, email AND certified US Mail with tracking as required by statute)***

***(delete all the parentheticals and red lines before sending, and see disclaimer at end of these forms)***

Date

**VIA CERTIFIED MAIL**

**AND FACSIMILE**

Insurance Company Name

Address

Address

Re: **Letter of Representation and Request for Policy Limits**

Claim No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (call liability insurer and establish claim number)

Injured Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party/Your Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request Pursuant to O.C.G.A. § 33-3-28**

Dear (Insurance Company)

(Injured person’s name) suffered personal injuries as a result of an accident on or about (date and location of injury). I have attached the accident report from the (Investigating police agency) regarding this incident for further reference. This is an official notice that we intend to file a liability claim against the driver, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please direct all future communications regarding this matter to our attention and do not contact our client without our permission.

 Pursuant to O.C.G.A. § 33-3-28, we request that you send me a copy of the declarations page for your insured policy and a statement regarding each known policy of insurances issued by your company, including excess or umbrella insurance; the name of the insurer; the name of each insured, and; the limits of coverage for each policy. Policy information can be mailed and emailed to me at:

Home Address

Email address

Thank you in advance for your attention to this matter. We will not discuss the bodily injury claim at this time.

Sincerely,

(Signature)

(Injured Person’s Printed Name)

***\*\*\*\*\*\*This MUST be sent to your UM/UIM carrier ASAP or you will not be able to claim UM benefits under the policy\*\*\*\*\*\*\*\*\*\*\* Send via fax, email AND certified US Mail with tracking as required by statute)***

Date

**VIA CERTIFIED MAIL**

**AND FACSIMILE**

Injured Person’s UM Insurance Company

Address

Address

Re: **Notice of Uninsured Motorist and Medpay Claim**

Claim No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (call the insurer and open a claim number)

Your Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (holder of the policy / injured person)

 Date of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Southern Insurance Company of Virginia:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_suffered personal injuries as a result of an accident on or about (date and location of incident). I have attached the accident report from (investigating law enforcement agency) regarding this incident for further reference.

This letter is an official notification to your company that incident described above occurred should an uninsured motorist claim need to be filed in the future. Please send all policy coverage information regarding your insured’s policy, including but not limited to bodily injury coverage, medical payments coverage, and any umbrella or other policies to our address listed above. If this is a traditional UM/UIM policy then please send over my written waiver of “add-on” coverage. Policy information can be mailed and emailed to me at:

Home Address

Email Address

Thank you for your time and assistance in this regard. Please contact us with any questions to the extent it is required by my policy.

Sincerely,

Signature

Print your Name

**Insurance Policy Limits Request Affidavit for *Pro Se* Claimant**

Pursuant to [**Official Code of Georgia Annotated § 33-3-28**,](https://a.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000468&cite=GAST33-3-28&originatingDoc=I0e7800f27ca311da92dbeba2eec34a41&refType=LQ&originationContext=document&transitionType=DocumentItem&contextData=(sc.Keycite)) the Claimant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who has executed this request under oath, does hereby request from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“Insurer”) the name of each Insured and the limits of coverage of any liability or casualty insurance coverage, including any excess or umbrella insurance, which is or may be liable to pay all or part of any claim resulting from the occurrence described below:

Claimant requests this information as a result of an accident that occurred at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in which he/she was involved with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on or about the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and suffered personal injuries as a result of this incident.

In lieu of providing the above-requested information, the Insurer may provide a copy of the declaration page of each such policy.

Please send this information directly to me:

**(Claimants Address and Email Address)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X. Claimant (PLEASE SIGN HERE)

Sworn to and subscribed before me this *\_\_*\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires. ***\*\*\*\*\* This must be notarized \*\*\*\*\*\*\*\****

***\*\*\*\*\*Paisley Law disclaims any legal responsibility for these forms and puts whomever that might be using these forms on notice that these forms are no substitute for legal advice and we have not given you any legal advice. No attorney client relationship exists until we have a written agreement in place that has affirmed the course of representation***