LAW FIRM LOGO

**Mailing Address:** **Telephone:** 999-999-9999

555 Main St. Other: 999-999-9999

Suite 555 Facsimile : 999-999-9999

Atlanta, GA 30309

(insert date here)

**VIA CERTIFIED MAIL**

**AND FACSIMILE**

Liability Carrier Insurance

(address here)

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

Claim No.:

Our Client:

Your Driver:

Date of Loss:

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

Dear Liability Carrier Insurance:

Please be advised that has been retained to represent the interests of , who suffered personal injuries as a result of an accident on or about at the intersection of and in , GA. Enclosed, please find the accident report from the Police Department for further reference concerning said incident. 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 us 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. Thank you in advance for your attention to this matter. If you should need anything further from us, please do not hesitate to contact our office.

Sincerely,

Attorney Name

Attorney at Law

Enclosed:

- Affidavit pursuant to O.C.G.A § 33-3-28

- Police Report

**Insurance Policy Limits Request Affidavit**

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/Our

Client,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 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 to my attorneys who I have retained to represent me in this matter:

**LAW FIRM NAME**

**Law Firm Address**

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

Sworn to and subscribed before me this *\_\_*\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_

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

Notary Public

My Commission Expires