



PERSONAL INJURY DEMAND LETTER BUILDER KIT

5 Templates • Settlement Math • Script Library

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Legal Disclaimer & How To Use This Kit

This kit is produced by JusticeFinder.net for educational purposes only. Nothing in this document constitutes legal advice, creates an attorney-client relationship, or should replace consultation with a licensed personal injury attorney in your state. Demand letter laws, statutes of limitations, and insurance regulations vary by state and change frequently. All information is sourced from publicly available government and regulatory sources cited inline. JusticeFinder.net is not a law firm and does not provide legal representation.

What This Kit Does — and Does Not Do

This Kit DOES:

- Teaches you the legal structure and required components of a personal injury demand letter.
- Provides 5 professionally formatted, attorney-quality demand letter templates.
- Explains how to calculate economic and non-economic damages with worked examples.
- Provides negotiation scripts for every stage of the settlement process.
- Cites only official government and regulatory sources (.gov and NAIC).

This Kit Does NOT:

- This kit does NOT constitute legal advice or attorney-client communication.
- This kit does NOT replace a licensed personal injury attorney for complex claims.
- This kit does NOT guarantee any specific settlement outcome.
- This kit does NOT create any obligation on any insurer beyond what applicable law requires.

When to Send a Demand Letter vs. When to Hire an Attorney

<i>Situation</i>	<i>Use This Kit</i>	<i>Hire Attorney</i>
Minor property damage only, no injury	✓ Appropriate	Optional
Soft tissue / whiplash injury	Use with caution	✓ Recommended
Medical bills over \$10,000	Not recommended alone	✓ Strongly recommended
Hospitalization or surgery	Not recommended	✓ Essential
Claim denied by insurer	Not recommended	✓ Essential
Permanent disability or disfigurement	Not recommended	✓ Essential — immediately
Wrongful death claim	Not recommended	✓ Essential — immediately
Statute of limitations within 90 days	Not recommended	✓ Essential — immediately
Multiple at-fault parties	Not recommended	Essential

SOURCES FOR PRECEDING TABLE:

[Source: NAIC Consumer Guide, naic.org; ABA Consumer Guide, americanbar.org; Insurance Research Council, ircweb.org]

Executive Intelligence Brief

What Is a Personal Injury Demand Letter?

A personal injury demand letter is a formal written communication sent by an injured party (or their attorney) to the at-fault party's insurance company demanding compensation for documented losses. It is the official opening move of the settlement negotiation process. When properly constructed and supported by evidence, a demand letter communicates that you understand your rights, your damages, and your legal options — and that you are prepared to act on them.

The demand letter serves four simultaneous functions: it **establishes the factual record** of what happened and who is responsible; it **documents all claimed damages** in a format adjusters must formally respond to; it **sets the psychological anchor** for all subsequent negotiation; and it **creates a legal record** that can be used in litigation if settlement fails.

[Source: NAIC Consumer Guide to Auto Insurance Claims, naic.org; FTC Consumer Information on Car Accidents, consumer.ftc.gov]

What Sending a Demand Letter Triggers Legally

- **Formal claims investigation obligation:** Under the NAIC Unfair Claims Settlement Practices Model Act (MDL-900), once a demand is received, the insurer is obligated to conduct a prompt, thorough, and objective investigation. [Source: NAIC MDL-900, naic.org]
- **Response deadline obligation:** Most states require insurers to acknowledge receipt of a claim within 10 business days and to provide a coverage decision or request for additional information within 30–45 days. [Source: NAIC Prompt Payment Model Law, naic.org]
- **Documentation preservation obligation:** The demand letter creates a record that establishes the date you formally notified the insurer, which is critical if a bad faith claim later becomes necessary. [Source: NAIC MDL-900 §4, naic.org]
- **Litigation clock awareness:** A demand letter does NOT toll (pause) your statute of limitations. The SOL clock continues running independently. If the insurer does not respond acceptably, you must file suit before the SOL expires. [Source: State statute research — verify your state SOL at your state legislature's .gov website]

The Psychological Effect on Adjusters

INSIDER INSIGHT

Adjusters are paid to close claims at minimum cost. A well-documented, professionally formatted demand letter with full medical records, an itemized damages table, and a clearly stated demand amount signals that you are prepared and informed. Prepared claimants receive higher initial offers and face fewer lowball tactics. The demand letter is the first signal you send about whether you will be easy to settle with cheaply — or whether you will require the full value of your claim. Make the right first impression.

Timing Strategy — When to Send Your Demand Letter

The single most important timing decision is: **do not send your demand letter until you have reached Maximum Medical Improvement (MMI)**. MMI is the point at which your treating physician determines that your condition has stabilized and further improvement is unlikely. Sending a demand before MMI means you are negotiating before you know the full extent of your injuries — and you cannot claim future damages you haven't yet been diagnosed with.

[Source: NHTSA Injury Research, nhtsa.gov/research-data; NAIC Consumer Insurance Guide, naic.org]

Phase	What Happens	Should You Send Demand?
Immediately after accident	Acute injury phase — diagnosis incomplete	NO — too early
First 30 days	Initial treatment, diagnostic tests	NO — injuries still developing
1–3 months	Follow-up treatment, physical therapy	NO — not at MMI
3–6 months	Treatment stabilizing for moderate injuries	MAYBE — consult treating physician
After MMI (varies)	Doctor declares condition stable	YES — send demand within 30 days of MMI
Within 90 days of SOL	SOL deadline approaching	YES — immediately, regardless of MMI

The Settlement Negotiation Framework — How Insurers Value Claims

Insurance adjusters do not calculate settlement values subjectively. They use internal formulas based on documented economic damages and injury severity factors. Understanding the formula allows you to present your demand in the format most likely to be taken seriously.

The 3 Multiplier Methods — With Worked Math

Method	Formula	Worked Example	When Strongest
Method 1 Specials Multiplier	Economic damages x multiplier (1.5–5.0)	\$20,000 medical bills x 3.0 multiplier = \$60,000 P&S Total demand: \$80,000	Moderate injuries with clear medical trail. Multiplier justified by treatment duration.
Method 2 Per Diem	Daily rate x number of days of recovery	\$250/day x 180 days = \$45,000 P&S Total demand: \$65,000	Clear recovery timeline. Physical therapy period as documented evidence.
Method 3 Hybrid	Per diem for acute phase + multiplier for long-term impact	\$200/day x 90 days (acute) + \$20,000 x 1.5 (long-term) = \$48,000 P&S	Serious injuries with both acute and long-term components.

[Source: NAIC Consumer Guide to Settlement Calculations, naic.org; Use [JusticeFinder.net/tools/pain-and-suffering-calculator](https://justicefinder.net/tools/pain-and-suffering-calculator) for your calculation]

The Anchor Pricing Strategy — Why Your First Number Matters

Your first demand amount establishes the psychological anchor from which all negotiations are measured. Research on negotiation consistently shows that the final settlement correlates more strongly with the initial demand than with any other variable. Anchor too low and you establish a ceiling you cannot escape. Anchor with a well-documented,

defensible number and you create genuine leverage.

<i>Component</i>	<i>Formula</i>	<i>Your Example</i>
Total Economic Damages	Sum of all documented losses	\$_____
Non-Economic Damages	Economic x multiplier (or per diem)	\$_____
Future Damages (if applicable)	Doctor estimate + inflation adjustment	\$_____
<i>TOTAL CLAIM VALUE</i>	<i>Economic + Non-Economic + Future</i> \$_____	
<i>FIRST DEMAND AMOUNT</i>	<i>Total claim value x 1.5–2.0 (anchor)</i> \$_____	
<i>TARGET SETTLEMENT</i>	<i>Your total documented damages</i> \$_____	
<i>WALK-AWAY FLOOR</i>	<i>Economic damages + 25% non-economic (minimum)</i> \$_____	

SECTION 1 *Anatomy of a Winning Demand Letter*

Every Component · What It Must Say · What Adjusters Exploit

Why This Matters: A demand letter missing any one of its 10 required components gives the adjuster legal grounds to request additional information — buying time, losing your momentum, and signaling inexperience. Every component below is required.

1. THE HEADER BLOCK

Your full name, address, phone, and email. Today's date. The insurer's full legal name and mailing address. The claim number (if assigned). A clear RE: line stating 'Personal Injury Demand — [Your Name] v. [At-Fault Party] — Accident Date: [DATE] — Claim No. [NUMBER]'

INSIDER INSIGHT
A missing claim number delays processing. A wrong insurer address creates delivery disputes. Always use the claims department address, not the general insurer address.

ACTION
Obtain the exact claims department address from your first call to the insurer. Send by certified mail AND email. The RE: line should be identical on both.

2. STATEMENT OF FACTS

Date, exact time, and precise location of the accident. All parties involved with full names. Police report number and agency. A clear, factual narrative of what happened — in chronological order. Weather and road conditions. Traffic signal status (if relevant). Reference to any photographs or video evidence.

INSIDER INSIGHT
Adjuster tactic: they will compare your statement of facts against any recorded statement you gave previously, looking for inconsistencies. Write this section once, carefully, and ensure it matches every prior statement exactly.

ACTION
Never speculate. Never characterize the other driver's state of mind. State only observable facts: 'The vehicle proceeded through the intersection on a red signal' — not 'the driver recklessly disregarded the signal.'

3. LIABILITY SECTION

A clear statement of how the at-fault party is legally liable. Reference the applicable negligence standard for your state. Cite the specific traffic violation if applicable (e.g., 'in violation of [State] Vehicle Code §XXX'). Reference the police

report's fault determination. Summarize any supporting witness statements.

INSIDER INSIGHT

If your state is a contributory negligence state (AL, DC, MD, NC, VA), even 1% fault on your part can bar all recovery. Never concede any comparative fault in the demand letter.

ACTION

State: 'The proximate cause of this accident was the negligence of [AT-FAULT PARTY], who [specific act or omission], in violation of [state code section].' Keep liability language factual and citation-based.

4. INJURY NARRATIVE

Chronological medical timeline from accident date to present. Each diagnosis with the diagnosing provider and date. Each treatment modality: ER, follow-up, PT, chiropractic, surgery. Current status: ongoing symptoms, limitations, prognosis from treating physician. Impact on daily life, work, and relationships.

INSIDER INSIGHT

The injury narrative is where adjusters look for gaps in treatment. A 3-week gap with no explanation is interpreted as evidence that you healed — reducing the multiplier they apply to your damages.

ACTION

Address any treatment gaps proactively: 'Treatment was temporarily interrupted from [DATE] to [DATE] due to [REASON — insurance authorization delay / work obligation / etc.].' Include a quote from your treating physician's written prognosis.

5. ECONOMIC DAMAGES SUMMARY

A clean, itemized table showing every economic damage with dollar amounts and corresponding documentation. Categories: medical (all), lost wages, transportation, property damage, and future costs. A total economic damages line. Reference to the documentation package being enclosed.

INSIDER INSIGHT

Undocumented dollar amounts are automatically discounted by adjusters — often by 50% or more. Every number in the economic damages table must have a corresponding document in the enclosures.

ACTION

Present as a table, not a paragraph. Every line item has a dollar amount and a document reference: 'Emergency room — \$4,200 — [Exhibit A, attached].' This format is non-disputable.

6. NON-ECONOMIC DAMAGES

Explicit statement of your pain and suffering claim. State which calculation method you are using (multiplier or per diem). Show your math: 'Total economic damages of \$[X] multiplied by [factor] yields non-economic damages of \$[Y].' Or: '\$[daily rate] per day x [days] = \$[Y].' Reference the daily symptom journal (enclosed) as supporting

evidence.

INSIDER INSIGHT

Adjusters are trained to dispute non-economic damages because they are not document-backed. Showing explicit math — and referencing a dated symptom journal — makes your P&S calculation as defensible as your medical bills.

ACTION

Include this sentence: 'The enclosed daily symptom journal, maintained from [DATE] forward, documents the ongoing nature and severity of claimant's pain and suffering.'

7. TOTAL DEMAND AMOUNT

State your total demand as a single, clear number. 'In full and final settlement of all claims arising from this accident, claimant demands the sum of \$[AMOUNT].' This is your anchor. The number must be the sum of economic + non-economic + future damages, multiplied by your anchor factor (1.5–2.0x).

INSIDER INSIGHT

Naming too high a number without documentation looks frivolous. Naming too low creates a ceiling. The anchor must be defensible — every dollar traceable to a calculation you can explain.

ACTION

Never write 'approximately' or 'at least' before the demand amount. State a single specific number. This communicates precision and preparation.

8. RESPONSE DEADLINE

State a clear response deadline: 'I request a written response to this demand within 30 days of your receipt of this letter.' Specify: 'If I do not receive an acceptable written response within this period, I reserve all rights to pursue this matter through available legal channels without further notice.'

INSIDER INSIGHT

No response within 30 days may constitute bad faith conduct under your state's insurance code. The 30-day written deadline creates a documented starting point for any subsequent bad faith claim. [Source: NAIC MDL-900 §4(f), naic.org]

ACTION

Send a certified mail follow-up on Day 31 if no response. File a state insurance commissioner complaint on Day 45 if no response.

9. RESERVATION OF RIGHTS

Include this exact language or its equivalent: 'This demand is submitted without prejudice to claimant's right to seek additional compensation through litigation if this matter is not resolved satisfactorily. The submission of this demand letter does not constitute a waiver of any right, claim, or cause of action.'

INSIDER INSIGHT

Without a reservation of rights, an insurer could argue that your demand letter represented a final statement of damages — preventing you from claiming additional amounts later.

ACTION

This language is non-negotiable. It must appear in every demand letter, every time.

10. ENCLOSURES LIST

A complete numbered list of every document enclosed with the demand: police report, medical records (by provider and date), all medical bills, lost wage documentation, employer letter, tax returns if self-employed, mileage log, photographs, witness statements, treating physician causation letter, future medical cost estimate, property damage appraisal.

INSIDER INSIGHT

An incomplete enclosures package gives the adjuster grounds to request 'additional documentation' — delaying the process by weeks or months. Include everything upfront.

ACTION

Label every enclosed document with the exhibit number referenced in the demand. 'Police Report [Exhibit A]' — and the document itself has 'EXHIBIT A' written on it.

[Source: NAIC Unfair Claims Settlement Practices Model Act MDL-900, naic.org; FTC Consumer Guidance on Insurance Claims, consumer.ftc.gov; NAIC Consumer Auto Insurance Guide, naic.org]

SECTION 2 Damages Calculation Master System

Economic · Non-Economic · Future Damages · Undervalued Losses

Why This Matters: Every dollar you fail to document and calculate is a dollar you will not recover. This worksheet captures every damage category recognized by courts and insurers — including categories most victims never think to claim.

Economic Damages — Complete Worksheet (Fillable)

[Source: NAIC Consumer Guide, naic.org; IRS Publication 502—Medical Expenses, irs.gov; DOL Wage Documentation Standards, dol.gov/agencies/whd/]

#	Damage Category	Description / Notes	Your Amount (\$)	Documentation
1	Emergency Room & Ambulance	ER visit, ambulance transport, immediate trauma care	\$ _____	Bills, EOBs, ambulance invoice
2	Follow-Up Medical Visits	All primary care, specialist, neurologist, orthopedic visits	\$ _____	All bills and receipts
3	Physical Therapy	All PT sessions — listed by date and provider	\$ _____	PT billing statements
4	Chiropractic Care	All chiropractic sessions — separately itemized from PT	\$ _____	Chiro billing statements
5	Surgery & Anesthesia	All surgical procedures and related anesthesia fees	\$ _____	Hospital + surgeon bills
6	Diagnostic Tests	MRI, X-ray, CT scan, EMG, nerve conduction tests	\$ _____	Radiology/lab bills
7	Prescription Medications	All medications since accident — ever prescription filled	\$ _____	Pharmacy receipts
8	Medical Equipment	Crutches, brace, wheelchair, TENS unit, cervical collar	\$ _____	Purchase receipts
9	Home Healthcare	Paid caregiving, nursing, home health aide during recovery	\$ _____	Invoices, care agreements
10	Future Medical Costs	Ongoing treatment needed — get doctor's written estimate	\$ _____	Doctor's written cost estimate letter
11	Lost Wages — Actual	Income lost: hourly rate x hours/days missed from work	\$ _____	Pay stubs, employer confirmation letter
12	Lost PTO & Sick Days	Paid time off used — has monetary value equal to wage	\$ _____	HR records, PTO statements

13	Lost Earning Capacity	If injury reduces future ability to work or earn	\$ _____	Doctor + vocational expert letter
14	Self-Employment Income Loss	Business revenue lost during recovery period	\$ _____	Tax returns, client contracts, invoices
15	Transportation to Medical	Rideshare, taxi, or mileage (\$0.67/mile per IRS 2024 rate)	\$ _____	Receipts + mileage log [Source: irs.gov pub 463]
16	Vehicle Repair or ACV	Repair estimate or Actual Cash Value if totaled	\$ _____	Body shop estimate or ACV appraisal
17	Rental Car	Cost of rental while vehicle was being repaired	\$ _____	Rental receipts
18	Personal Property Damage	Phone, laptop, luggage, clothing destroyed in crash	\$ _____	Purchase receipts, photos
19	Home Modification	Ramps, grab bars, accessibility modifications if needed	\$ _____	Contractor invoices
20	Credit & Debt Consequences	Debt incurred or credit damaged due to inability to work	\$ _____	Credit reports, loan statements
	TOTAL ECONOMIC DAMAGES	<i>Sum of all above lines</i>	\$ _____	

Non-Economic Damages — 3 Calculation Methods

Choose the method that produces the strongest, most defensible result for your situation.

Method 1 — The Multiplier Method

Multiply your total economic damages by a factor between 1.5 and 5.0. The multiplier is determined by injury severity, treatment duration, impact on daily life, and prognosis. Higher multipliers require stronger medical documentation.

<i>Multiplier Range</i>	<i>Injury Type / Severity</i>	<i>Example Calculation</i>
1.5x – 2.0x	Minor injury, short recovery, full resolution	$\$10,000 \times 1.75 = \$17,500$ P&S
2.0x – 3.0x	Moderate injury, 3–6 months recovery, residual symptoms	$\$20,000 \times 2.5 = \$50,000$ P&S
3.0x – 4.0x	Significant injury, surgery, 6–12+ months, ongoing limitations	$\$30,000 \times 3.5 = \$105,000$ P&S
4.0x – 5.0x	Severe injury, permanent impairment, life impact documented	$\$50,000 \times 4.5 = \$225,000$ P&S

Method 2 — The Per Diem Method

Assign a daily dollar value to your pain and suffering — typically equal to your daily wage or a rate you can defend — then multiply by the number of days of your recovery.

Daily Rate	Recovery Days	Calculation	Justification
\$150/day	90 days	\$13,500	Minimum wage equivalent — defensible for all injuries
\$250/day	180 days	\$45,000	Average wage rate — supported by your pay stubs
\$350/day	365 days	\$127,750	Your actual daily wage — strongest when documented by employer letter
\$500/day	90 days	\$45,000	Higher rate for severe injuries with documented expert support

Method 3 — The Hybrid Method

Use per diem for the acute phase (highest pain) and multiplier for the long-term impact. This method is strongest for injuries with a clear acute phase followed by permanent or chronic residual symptoms.

Worked Example: \$300/day x 60 days acute = \$18,000 (acute per diem) + \$25,000 economic x 1.5

(long-term

multiplier) = \$37,500. Total non-economic: **\$55,500**. This approach is defensible because each component separately justified.

Non-Economic Damages Worksheet (Fillable)

TOTAL ECONOMIC DAMAGES (FROM ABOVE) CHOSEN METHOD: ■ MULTIPLIER ■ PER DIEM ■ HYBRID MULTIPLIER USED (IF APPLICABLE) DAILY RATE (IF APPLICABLE) NUMBER OF DAYS (IF APPLICABLE)

NON-ECONOMIC DAMAGES TOTAL (\$) CALCULATION SHOWN HERE

Future Damages Calculator

If your treating physician has documented that future medical treatment will be required, those costs are recoverable. The following formula projects future medical costs with medical inflation, which historically averages 4–6% annually.

[Source: CMS National Health Expenditure Projections, [cms.gov/research-statistics-data-and-systems](https://www.cms.gov/research-statistics-data-and-systems); BLS Medical Care Inflation Data, [bls.gov/cpi/](https://www.bls.gov/cpi/)]

Future Cost Category	Annual Cost Estimate	Years Needed	Inflation Factor	Total Projected
Future physical therapy	\$_____	____ yrs	1.05/yr	\$_____
Future specialist visits	\$_____	____ yrs	1.05/yr	\$_____
Future prescription costs	\$_____	____ yrs	1.05/yr	\$_____
Future surgery (if needed)	\$_____	N/A	1.0	\$_____
Future lost earning capacity	\$_____	____ yrs	Per DOL tables	\$_____
TOTAL FUTURE DAMAGES				\$_____

Total Damages Summary (Fillable)

TOTAL ECONOMIC DAMAGES

TOTAL NON-ECONOMIC DAMAGES

TOTAL FUTURE DAMAGES

FIRST DEMAND ANCHOR (GRAND TOTAL X 1.5–2.0)

WALK-AWAY FLOOR (ECONOMIC + 25% P&S (LIN.))

GRAND TOTAL CLAIM VALUE

TARGET SETTLEMENT (GRAND TOTAL)

ATTORNEY CONSULTATION THRESHOLD? ☐ YES ☐ NO**JUSTICEFINDER TOOLS**

Calculate your damages free at JusticeFinder.net: Pain & Suffering Calculator:

justicefinder.net/tools/pain-and-suffering-calculator | Lost Wages: justicefinder.net/tools/lost-wages-calculator | Soft Tissue:justicefinder.net/tools/soft-tissue-injury-settlement-calculator | Medical Lien:justicefinder.net/tools/medical-lien-settlement-reduction-calculator | Future Medical:justicefinder.net/tools/future-medical-expenses-calculator

SECTION 2 *The 5 Ready-to-Use Demand Letter Templates*

Complete · Attorney-Quality · [FILL IN] Fields Clearly Marked

Why This Matters: A professionally formatted demand letter signals preparation and competence before the adjuster reads a single word of content. These templates are structured exactly as practicing attorneys format demand letters — because adjusters respond differently to professional formatting than to informal correspondence.

HOW TO USE THESE TEMPLATES

Replace all [BRACKETED FIELDS] with your specific information. Do not leave any bracket unfilled — an empty bracket signals an incomplete demand. Attach all referenced exhibits before sending. Send by certified mail with return receipt AND email to the adjuster's direct address. Keep a copy of the signed, sent version for your records.

Template 1 — Standard Car Accident Demand Letter

Use for: Standard motor vehicle accident with documented injuries and clear liability.

[YOUR FULL NAME]

[Your Address, City, State, ZIP]

[Your Phone Number] | [Your Email Address]

[DATE]

[INSURANCE COMPANY FULL LEGAL NAME]

Claims Department

[Insurer Street Address, City, State, ZIP]

RE: Personal Injury Demand — [YOUR NAME] v. [AT-FAULT PARTY FULL NAME]

Accident Date: [DATE] | Claim Number: [CLAIM NUMBER] | Policy Number: [POLICY NUMBER]

Dear Claims Adjuster [ADJUSTER FULL NAME],

I am writing on behalf of [MY NAME / claimant] to formally demand compensation for injuries and damages sustained as a direct and proximate result of the [DATE] motor vehicle accident caused by your insured, [AT-FAULT PARTY FULL NAME].

I. STATEMENT OF FACTS

On [DATE], at approximately [TIME], at or near [EXACT LOCATION — INTERSECTION / ADDRESS], [YOUR CITY], [STATE], claimant was operating a [YEAR/MAKE/MODEL OF YOUR VEHICLE] traveling [DIRECTION] on [STREET]

NAME]. At that time and location, your insured, [AT-FAULT PARTY], operating a [YEAR/MAKE/MODEL], [DESCRIBE EXACTLY WHAT HAPPENED — e.g., 'proceeded through a red traffic signal and struck claimant's vehicle on the driver's side']. A police report was filed with [POLICE DEPARTMENT] and assigned Report Number [REPORT NUMBER]. [WEATHER / ROAD CONDITIONS — e.g., 'Conditions were clear, road was dry, visibility was unobstructed.']

II. LIABILITY

The accident was caused solely by the negligence of your insured, [AT-FAULT PARTY], who [SPECIFIC ACT — e.g., 'failed to yield the right of way in violation of [STATE] Vehicle Code §[SECTION]']. The responding officer's report confirms that [AT-FAULT PARTY] was cited for [VIOLATION — if applicable]. Claimant bears no comparative fault for this accident.

III. INJURIES AND MEDICAL TREATMENT

As a direct result of this accident, claimant suffered [LIST INJURIES — e.g., 'cervical sprain/strain, lumbar sprain/strain, and soft tissue injuries to the right shoulder']. Claimant sought immediate medical attention at [HOSPITAL/ER NAME] on [DATE] and was diagnosed with [DIAGNOSES]. Treatment has included: [LIST ALL TREATMENT — e.g., emergency care, follow-up with Dr. [NAME], physical therapy with [PROVIDER] from [DATE] to [DATE], MRI on [DATE] revealing [FINDINGS]]. Claimant's current status: [CURRENT STATUS — e.g., 'has reached maximum medical improvement as of [DATE] per treating physician Dr. [NAME] (letter enclosed as Exhibit [X])']. Claimant continues to experience [ONGOING SYMPTOMS — if applicable].

IV. ECONOMIC DAMAGES

[INSERT YOUR ITEMIZED ECONOMIC DAMAGES TABLE HERE — copy from Section 2 worksheet]

Total Economic Damages: \$[AMOUNT]

All supporting documentation is enclosed as exhibits referenced above.

V. NON-ECONOMIC DAMAGES

Claimant has experienced significant pain, suffering, and diminished quality of life as a direct result of the injuries described above. A daily symptom journal maintained from [DATE] forward is enclosed as [Exhibit X]. Applying the [MULTIPLIER / PER DIEM] method: [STATE YOUR CALCULATION — e.g., 'Total economic damages of \$[X] multiplied by a factor of [X] yields non-economic damages of \$[X]']. Non-Economic Damages: \$[AMOUNT]

VI. TOTAL DEMAND

In full and final settlement of all claims arising from this accident, claimant hereby demands the sum of **\$[TOTAL DEMAND AMOUNT]**.

I request a written response to this demand within **30 days** of your receipt of this letter. If no acceptable response is received within this period, I reserve all rights to pursue this matter through available legal channels without further notice.

This demand is submitted without prejudice to claimant's right to seek additional compensation through litigation. Submission of this demand does not waive any right, claim, or cause of action.

ENCLOSURES:

[List all exhibits: Exhibit A — Police Report | Exhibit B — ER Records | Exhibit C — Medical Bills | Exhibit D — Physical Therapy Records | Exhibit E — Lost Wage Letter | Exhibit F — Photographs | Exhibit G — Treating Physician Causation Letter]

Sincerely,

[YOUR SIGNATURE]

[YOUR PRINTED NAME]

[DATE]

Template 2 — Soft Tissue / Whiplash Injury Demand Letter

Use for: Whiplash, neck strain, back strain, or soft tissue injuries where the 'invisible injury' challenge must be addressed proactively.

KEY DIFFERENCE FROM TEMPLATE 1

Soft tissue claims face higher adjuster scrutiny because injuries don't show on X-rays. This template adds: pre-existing condition preemption language, symptom journal citation, doctor causation language, and delayed onset explanation. Every additional paragraph here is designed to neutralize the specific tactics adjusters use to minimize soft tissue claims.

[YOUR FULL NAME] | [Address] | [Phone] | [Email]

[DATE]

[INSURANCE COMPANY] — Claims Department

[Address]

RE: Soft Tissue Injury Demand — [YOUR NAME] v. [AT-FAULT PARTY]

Accident: [DATE] | Claim No.: [NUMBER]

Dear [ADJUSTER NAME],

I. STATEMENT OF FACTS

[Same as Template 1 — insert your accident facts here]

II. LIABILITY

[Same liability section as Template 1]

III. NATURE AND DOCUMENTATION OF SOFT TISSUE INJURIES

As a result of the impact described above, claimant sustained soft tissue injuries including [LIST: cervical sprain/strain, lumbar strain, right shoulder strain, etc.]. These injuries were diagnosed by [DR. NAME, SPECIALTY] at [FACILITY] on [DATE], as documented in the enclosed medical records.

Soft tissue injuries of this nature do not always present with visible trauma or immediate radiographic findings. Per NHTSA crash biomechanics research, rear-impact collisions of even modest speed produce cervical hyperextension forces consistent with the diagnoses claimant received. [Source: NHTSA Research Note on Whiplash, [nhtsa.gov/research-data](https://www.nhtsa.gov/research-data)]

Regarding Delayed Symptom Onset: Claimant initially experienced [DESCRIBE INITIAL SYMPTOMS]. Over the 48–72 hours following the accident, symptoms [DESCRIBE PROGRESSION — intensified / additional symptoms appeared]. This pattern of delayed onset is medically consistent with soft tissue injury mechanisms and is documented in claimant's medical records from [DATE OF FOLLOW-UP VISIT].

Regarding Pre-Existing Conditions: Claimant [DID / DID NOT] have prior treatment to the [INJURED AREA]. To the extent any prior condition exists, the accident of [DATE] clearly aggravated, accelerated, and exacerbated that condition beyond its prior state. Under the applicable legal standard, a defendant takes a plaintiff as found — including any pre-existing vulnerabilities. Dr. [NAME]'s causation letter (enclosed as [Exhibit X]) explicitly addresses this distinction.

Treatment has included: [FULL TREATMENT TIMELINE — include all providers, dates, and modalities: ER, follow-up, PT sessions x [NUMBER], chiropractic x [NUMBER], imaging studies showing [FINDINGS]].

Claimant has maintained a daily symptom journal from [DATE] forward, enclosed as [Exhibit X], documenting the ongoing pain, functional limitations, and impact on daily activities caused by these injuries.

IV. ECONOMIC DAMAGES

[INSERT ITEMIZED TABLE FROM SECTION 2]

Total Economic Damages: \$[AMOUNT]

V. NON-ECONOMIC DAMAGES

Using the [METHOD]: [SHOW CALCULATION]

Non-Economic Damages: \$[AMOUNT]

VI. TOTAL DEMAND

Full and final settlement demand: ***\$(AMOUNT)***

Written response requested within **30 days**.

This demand is submitted without prejudice to all legal rights.

ENCLOSURES: [List all exhibits]

Sincerely,

[YOUR NAME / DATE / SIGNATURE]

Template 3 — Rideshare Accident Demand Letter (Uber/Lyft)

Use for: Accidents involving an active Uber or Lyft driver. This template addresses the multi-insurer structure and period-specific coverage language. Always pair with the Rideshare Accident Legal Kit (JusticeFinder.net Product 6).

[YOUR FULL NAME] | [Address] | [Phone] | [Email]

[DATE]

SENT TO ALL THREE PARTIES SIMULTANEOUSLY:

[UBER / LYFT INSURER — Claims Department] — [Address]

[DRIVER'S PERSONAL INSURER — Claims Department] — [Address]

[YOUR OWN INSURER — Claims Department] — [Address]

RE: Personal Injury Demand — Rideshare Accident

Claimant: [YOUR NAME] | **Accident Date:** [DATE] | **Trip ID:** [APP SCREENSHOT TRIP ID]

TNC Driver: [DRIVER NAME] | **Platform:** [UBER / LYFT] | **Claim No.:** [NUMBER]

Dear Claims Representatives,

This demand letter is submitted simultaneously to all parties whose insurance coverage may be implicated by the accident described herein, pursuant to the Transportation Network Company (TNC) insurance framework applicable in [STATE].

I. STATEMENT OF FACTS

[Insert accident facts — include: driver's app status at time of crash, trip ID, whether passenger was on board or trip was in progress, police report number]

II. APPLICABLE INSURANCE PERIOD AND COVERAGE

At the time of the accident, the TNC driver, [DRIVER NAME], was operating with the [Uber / Lyft] application in [Period 1 / Period 2 / Period 3] status, as evidenced by the enclosed app screenshot [Exhibit A] showing [DESCRIBE WHAT SCREENSHOT SHOWS — active trip, trip ID, time].

Under [STATE] [CITE STATE TNC LAW — e.g., Cal. Pub. Util. Code §5430 / Tex. Occ. Code §2402 / Fla. Stat. §627.748], and pursuant to the NAIC TNC Model Law, the following coverage applies to this incident: [Period 1: \$50,000/\$100,000/\$25,000 contingent liability — OR — Period 2/3: \$1,000,000 primary liability]. [Source: NAIC TNC Insurance Issue Brief, naic.org]

III. LIABILITY

[Insert liability section — reference police report, driver negligence, your status as passenger/third party]

IV. INJURIES AND MEDICAL TREATMENT

[Insert full injury narrative as in Template 1]

V. ECONOMIC DAMAGES

[Insert itemized damages table]
Total Economic Damages: \$[AMOUNT]

VI. NON-ECONOMIC DAMAGES

[Insert P&S calculation]

Non-Economic Damages: \$[AMOUNT]

VII. TOTAL DEMAND

Full and final settlement demand against all applicable insurance policies: **\$[AMOUNT]**

Written response from each insurer requested within **30 days**.

This demand is submitted without prejudice to all rights.

ENCLOSURES: [List — include app screenshot as Exhibit A]

Sincerely, [YOUR NAME / DATE]

Template 4 — Serious / Catastrophic Injury Demand Letter

Use for: Hospitalization, surgery, permanent impairment, or long-term disability. This template includes life care plan language and vocational expert references. ■■ For catastrophic injuries, attorney representation is strongly recommended.

[YOUR FULL NAME] | [Address] | [Phone] | [Email]

[DATE]

[INSURANCE COMPANY] — Claims Department

[Address]

RE: CATASTROPHIC INJURY DEMAND — [YOUR NAME] v. [AT-FAULT PARTY]

Accident: [DATE] | Claim No.: [NUMBER] | Policy Limits Demand: \$[AMOUNT]

Dear [ADJUSTER NAME],

This demand is submitted in connection with catastrophic injuries sustained by claimant [YOUR NAME] as the direct result of the negligence of your insured on [DATE].

I. STATEMENT OF FACTS / LIABILITY

[Insert full facts and liability section]

II. NATURE OF CATASTROPHIC INJURIES

As a direct and proximate result of the [DATE] accident, claimant sustained [DESCRIBE SERIOUS INJURIES — e.g., traumatic brain injury / spinal cord injury / multiple fractures / severe burns / internal organ damage]. Claimant was transported by ambulance to [HOSPITAL] where [he/she/they] was admitted on [DATE] and remained hospitalized for [X days/weeks]. During hospitalization, claimant underwent [DESCRIBE SURGERIES / PROCEDURES]. Treating physicians include: [LIST SPECIALISTS AND THEIR ROLES].

Current Status and Prognosis: As documented in the enclosed report from claimant's treating physician Dr. [NAME] dated [DATE], claimant has sustained [DESCRIBE PERMANENT IMPAIRMENT OR ONGOING LIMITATIONS]. Dr. [NAME] states that [QUOTE OR PARAPHRASE PROGNOSIS from doctor's letter].

III. LIFE CARE PLAN AND FUTURE DAMAGES

Claimant has obtained a Life Care Plan prepared by [VOCATIONAL EXPERT / LIFE CARE PLANNER NAME AND CREDENTIALS], dated [DATE], detailing the full scope of future medical and rehabilitative care required as a result of these injuries. This plan is enclosed as [Exhibit X] and projects future medical costs of \$[AMOUNT] over [CLAIMANT'S LIFE EXPECTANCY] years.

Additionally, claimant's vocational rehabilitation expert, [EXPERT NAME], has assessed that claimant's injuries have reduced earning capacity by \$[ANNUAL AMOUNT] per year, representing a lifetime loss of \$[TOTAL AMOUNT] (Exhibit [X] enclosed).

IV. ECONOMIC DAMAGES

[Full itemized table — include past AND future costs separately]
Total Past Economic Damages: \$[AMOUNT]

Total Future Economic Damages (Life Care Plan): \$[AMOUNT]

TOTAL ECONOMIC DAMAGES: \$[AMOUNT]

V. NON-ECONOMIC DAMAGES

Given the catastrophic and permanent nature of claimant's injuries, a multiplier of [4.0–5.0x] is appropriate and fully justified by the enclosed medical documentation.

Non-Economic Damages: \$[AMOUNT]

VI. TOTAL DEMAND / POLICY LIMITS

The full and final demand is **\$[AMOUNT]**. If this demand exceeds available policy limits, claimant demands the full policy limits of \$[POLICY LIMIT AMOUNT] within **30 days**, along with a complete copy of the applicable insurance policy.

Failure to tender policy limits in response to a documented catastrophic injury demand may constitute bad faith under [STATE] Insurance Code. [Source: NAIC MDL-900, naic.org; your state bad faith statute]

This demand is submitted without prejudice to all legal rights.

ENCLOSURES: [List all exhibits including Life Care Plan and Vocational Report]

Sincerely, [YOUR NAME / DATE]

Template 5 — Wrongful Death Pre-Suit Demand Letter

Use for: Fatal accident claims on behalf of surviving family members. Wrongful death claims require an attorney in virtually all cases. Use this template to prepare for your consultation — not as a replacement for legal counsel.

[CLAIMANT NAME(S) — surviving family members / estate representative]

[Address] | [Phone] | [Email]

[DATE]

[INSURANCE COMPANY] — Claims Department

[Address]

RE: WRONGFUL DEATH PRE-SUIT DEMAND

Decedent: *[FULL NAME OF DECEASED]* | **Date of Death:** *[DATE]*

Accident Date: *[DATE]* | **Claim No.:** *[NUMBER]*

Dear [ADJUSTER NAME],

This demand is submitted on behalf of [CLAIMANTS — e.g., 'the estate of [DECEDENT NAME] and surviving [spouse/children/parents] of the decedent'] in connection with the wrongful death of [DECEDENT NAME] caused by the negligence of your insured on [DATE].

I. PARTIES AND RELATIONSHIP TO DECEDENT

[CLAIMANT NAME] is the [RELATIONSHIP — surviving spouse / child / parent / estate representative] of [DECEDENT NAME], who passed away on [DATE] as a direct result of injuries sustained in the accident described herein. Under [STATE] Wrongful Death Statute [CITE — e.g., Cal. Code Civ. Proc. §377.60 / Tex. Civ. Prac. & Rem. Code §71.004], the following parties are entitled to bring this wrongful death action: [LIST CLAIMANTS].

II. STATEMENT OF FACTS AND LIABILITY

[Insert complete accident facts and liability analysis]

III. DECEDENT'S INJURIES AND CAUSE OF DEATH

[DECEDENT NAME] sustained [DESCRIBE INJURIES] in the accident on [DATE]. [He/She/They] was transported to [HOSPITAL] where [he/she/they] received treatment for [INJURIES]. [He/She/They] passed away on [DATE] at [LOCATION]. The enclosed death certificate (Exhibit [X]) and medical examiner's report (Exhibit [X]) confirm the cause of death as [CAUSE — as stated in medical records], directly caused by injuries sustained in the [DATE] accident.

IV. WRONGFUL DEATH DAMAGES

Economic Loss to Survivors:

Lost financial support: \$[ANNUAL SUPPORT x YEARS REMAINING — from DOL actuarial tables]

Lost household services: \$[ESTIMATED VALUE per DOL replacement cost standards]

Funeral and burial expenses: \$[AMOUNT] (receipts enclosed as Exhibit [X])

Medical expenses prior to death: \$[AMOUNT]

Loss of inheritance: \$[ESTIMATE if applicable]

~~**Non-Economic Loss to Survivors:**~~

Loss of companionship, comfort, and society: \$[AMOUNT — per [STATE] wrongful death statute]

Loss of parental guidance (if minor children): \$[AMOUNT]

Survivor grief and emotional distress (where available under state law): \$[AMOUNT]

TOTAL WRONGFUL DEATH DEMAND: **\$[AMOUNT]**

V. RESPONSE REQUEST

Written response requested within **30 days**.

This demand is submitted without prejudice to all legal rights of all claimants.

Claimants reserve the right to seek punitive damages if evidence supports gross negligence by your insured.

ENCLOSURES: [Death certificate, medical records, medical examiner report, financial dependency documentation, funeral expenses, photographs]

Submitted on behalf of: [CLAIMANT NAMES]

By: [NAME / DATE / SIGNATURE]

SECTION 4 *Evidence Package Assembly Guide*

What Must Accompany Your Demand · Organization System · Delivery Protocol

Why This Matters: A demand letter without a complete evidence package is a promise without proof. Adjusters are required to investigate based on what you send them. An incomplete package gives them grounds to delay and request more. Send everything upfront.

The Demand Package Checklist (Fillable)

[Source: NAIC Unfair Claims Settlement Practices Model Act MDL-900 §4, naic.org; DOL Wage Documentation Standards, dol.gov]

<i>Item</i>	<i>Priority Level</i>
■ Demand letter — original, signed, dated	ESSENTIAL
■ Police accident report — full report, not just the summary page	ESSENTIAL
■ All medical records in chronological order — every provider since the accident	ESSENTIAL
■ All medical bills — itemized, not just summary pages	ESSENTIAL
■ Health insurance Explanation of Benefits (EOBs) — what your insurer paid	ESSENTIAL
■ Lost wage letter from employer — on company letterhead, signed by HR/supervisor	ESSENTIAL
■ Pay stubs — minimum 3 months prior to accident	ESSENTIAL
■ Tax returns — 2 years prior (required if self-employed)	IF SELF-EMPLOYED
■ IRS mileage log — all trips to medical providers (\$.67/mile — irs.gov)	RECOMMENDED
■ Photographs — scene, all vehicles, all injuries, progression over 2 weeks	ESSENTIAL
■ Witness statements — signed and dated, obtained within 72 hours of accident	IF AVAILABLE
■ Treating physician causation letter — linking injuries to accident specifically	HIGHLY RECOMMENDED
■ Future medical cost estimate — written by your treating physician	IF FUTURE CARE NEEDED
■ Property damage appraisal or repair estimate	IF PROPERTY DAMAGED
■ Prior medical records — if pre-existing conditions are relevant	IF PRE-EXISTING CONDITIONS
■ Daily symptom journal — dated, handwritten or typed and signed	STRONGLY RECOMMENDED
■ Expert reports — vocational, life care planner (if catastrophic injury)	IF CATASTROPHIC
■ Death certificate and medical examiner report (wrongful death only)	WRONGFUL DEATH ONLY

Treating Physician Causation Letter — What to Request

A causation letter from your treating physician is one of the most powerful documents in your demand package. It transforms your self-reported injury narrative into a medical professional's official finding. Request this letter in writing, and ask the physician to address the following specific points:

- The patient's diagnoses resulting from the accident on [DATE].
- That the diagnosed conditions were caused by or significantly aggravated by the accident.
- The distinction between any pre-existing conditions and new injuries caused by this accident.
- The patient's current status and prognosis.
- Whether future treatment will be required, and if so, an estimated cost and duration.
- Whether the patient has any permanent impairment or limitations.

Delivery Protocol — How to Send Your Demand

Method	Why	Action
Certified Mail — Return Receipt Requested	Creates legal proof of delivery with exact date.	Keep tracking number and green return card permanently. This is your evidence the insurer received the demand.
Email to Adjuster's Direct Address	Creates instant digital timestamp. Email is searchable and cannot be 'lost in the mail.'	Send with read receipt requested. Subject line: 'Personal Injury Demand — [YOUR NAME] — Claim [NUMBER]'
Fax (if adjuster provides fax number)	Creates a fax transmission confirmation record with date and time.	Keep fax confirmation page permanently.
Follow-Up Confirmation Email	Within 24 hours of mailing, email the adjuster to confirm you mailed the demand package via certified mail today.	This creates a paper trail showing you were proactive and professional. Include Tracking: [NUMBER] in the email.

[Source: NAIC Prompt Claims Payment Model Law, naic.org; USPS Certified Mail documentation, usps.com]

SECTION 5 Medical Lien Strategy

Subrogation Rights · Medicare/Medicaid · Negotiating Liens Down · Net Recovery

Why This Matters: Medical liens can reduce your actual settlement take-home by 20–40%. Most accident victims don't know liens exist until after they sign a settlement. Understanding your lien obligations before sending a demand letter lets you calculate your true net recovery — and negotiate with that number in mind.

What Is a Medical Lien?

A medical lien is a legal right held by a third party — typically your health insurer, Medicare, Medicaid, or a hospital — to be reimbursed from your settlement proceeds for medical expenses they paid on your behalf. When you settle a personal injury claim, any party that has a valid lien must be paid before you receive the remainder.

[Source: CMS Medicare Secondary Payer provisions, 42 U.S.C. §1395y(b), [cms.gov/medicare/coordination-of-benefits-and-recovery](https://www.cms.gov/medicare/coordination-of-benefits-and-recovery); NAIC Consumer Guide on Subrogation, [naic.org](https://www.naic.org)]

Lien Type	Source	Negotiable?	Federal Authority	Key Risk
Health Insurer Subrogation Lien	Your private health insurer	YES — often reducible by 30–50%	State subrogation law (varies)	If you ignore the lien and spend the money, insurer can sue you directly
Medicare Lien	CMS — Federal	NO — mandatory federal lien	42 U.S.C. §1395y(b) cms.gov	Failure to satisfy Medicare lien is a federal violation with serious penalties
Medicaid Lien	State Medicaid program	Partially — by state law (varies)	42 U.S.C. §1396a(a) cms.gov	Medicaid must be notified of any settlement involving covered benefits
Hospital Lien	Treating hospital	YES — negotiable	State hospital lien statutes (varies by state)	Hospitals often assert higher lien than actually billable under state law
Attorney Lien	Your attorney	Per fee agreement	N/A — contractual	Review fee agreement before signing any settlement release

How to Negotiate Your Health Insurer Lien Down

Private health insurer subrogation liens are negotiable in most states. The following approach is based on the 'Made Whole Doctrine' — a legal principle recognized in many states holding that a health insurer cannot enforce subrogation

rights until the insured has been fully compensated for all losses. If your settlement does not fully compensate you, the lien may be reduced or waived.

[Source: NAIC Subrogation Model Act, naic.org; State insurance codes — verify Made Whole Doctrine applicability in your state at your state legislature's .gov website]

1. Request the insurer's lien amount in writing before finalizing any settlement.
2. Compare the lien to your total claim value. If the settlement does not fully compensate you, assert the Made Whole Doctrine in writing.
3. Ask the insurer to reduce the lien by the proportional attorney's fees incurred: 'Your recovery benefited from my attorney's efforts — reduce the lien by 33% to reflect this.'
4. For large liens, engage your attorney to negotiate directly — experienced PI attorneys routinely reduce liens by 30–50%.
5. Use JusticeFinder.net/tools/medical-lien-settlement-reduction-calculator to model different lien scenarios.

Lien Reduction Worksheet (Fillable)

LIEN HOLDER NAME	TYPE (HEALTH/MEDICARE/HOSPITAL)	CLAIMED LIEN AMOUNT (\$)
-----	-----	-----
LIEN HOLDER NAME	TYPE (HEALTH/MEDICARE/HOSPITAL)	CLAIMED LIEN AMOUNT (\$)
-----	-----	-----
LIEN HOLDER NAME	TYPE (HEALTH/MEDICARE/HOSPITAL)	CLAIMED LIEN AMOUNT (\$)
-----	-----	-----
TOTAL GROSS SETTLEMENT (\$)	TOTAL LIENS (\$)	ATTORNEY FEES (\$)
-----	-----	-----
NET SETTLEMENT TO YOU (\$)	IS THIS AMOUNT ACCEPTABLE? ■ YES ■ NO	
-----	-----	

SECTION 6 *Adjuster Response Strategy*

The 5 Responses · Counter-Offer Script · Follow-Up Templates

Why This Matters: What happens after you send the demand is as important as the demand itself. Every adjuster response — even silence — requires a specific, strategic counter-move. This section gives you the script for every scenario.

The 5 Adjuster Responses and Your Exact Counter

Response 1 — NO RESPONSE (Within 30 Days)

Under the NAIC Prompt Claims Payment Model Law, most states require insurers to acknowledge a claim within 10 business days and provide a substantive response within 30. No response is a potential bad faith trigger. [Source: NAIC Prompt Payment Model Law, naic.org]

YOUR MOVE

Day 31: Send certified mail follow-up (Template below). Day 45: File a state insurance commissioner complaint online at your state's .gov portal. Day 60: Consult a personal injury attorney about bad faith options.

Response 2 — FLAT DENIAL

A denial must be in writing and cite the specific policy exclusion or legal basis. A denial without a written, specific explanation may itself be a bad faith act. [Source: NAIC MDL-900 §4(n), naic.org]

YOUR MOVE

Request the denial in writing with the exact policy exclusion cited. Research the cited exclusion — is it unambiguous? Ambiguous exclusions are interpreted against the insurer under contra proferentem doctrine. File a state commissioner complaint. Consult an attorney for contested denials.

Response 3 — LOWBALL COUNTEROFFER

The first counteroffer is almost always 40–60% of your demand. This is standard adjuster procedure, not a final position. Most claims settle after 2–3 rounds of negotiation. [Source: Insurance Research Council, ircweb.org; NAIC Consumer Guide, naic.org]

YOUR MOVE

Do not respond verbally. Send a written counter-offer within 14 days. Use Counter-Offer Script below. Explain why their offer is insufficient by referencing specific documented damages. Request their methodology for the offer amount.

Response 4 — REQUEST FOR MORE INFORMATION

The adjuster asks for additional medical records, employment records, or other documentation. This is sometimes legitimate — and sometimes a delay tactic. [Source: NAIC MDL-900 §4(d), naic.org]

YOUR MOVE

Respond in writing within 7 days. Provide only what was specifically requested. Do not provide general medical authorizations — provide specific records only. Confirm in your response letter that you have now provided everything requested and restart the 30-day response clock.

Response 5 — ACCEPTANCE OF DEMAND

The insurer accepts your full demand or makes an offer within your acceptable range. Before you sign anything, review the settlement release carefully. [Source: FTC Consumer Guidance, consumer.ftc.gov]

YOUR MOVE

Review the release for: broad language releasing all future claims / confidentiality requirements / Medicare/Medicaid reporting requirements / all lien obligations. If catastrophic or complex injuries, have an attorney review the release before signing. Once signed, the claim is permanently closed.

Follow-Up Letter — No Response After 30 Days

[YOUR NAME] | [Address] | [Phone] | [Email]

[DATE — Day 31 from original demand mailing]

[INSURANCE COMPANY] — Claims Department

[Address]

RE: FOLLOW-UP — DEMAND LETTER SENT [ORIGINAL DATE] — NO RESPONSE RECEIVED

Claimant: [YOUR NAME] | **Claim No.:** [NUMBER]

Dear [ADJUSTER NAME],

On [ORIGINAL DEMAND DATE], I submitted a complete Personal Injury Demand Letter to your claims department via certified mail (Tracking No. [NUMBER]) and email. The certified mail delivery was confirmed on [DELIVERY DATE] per enclosed receipt.

As of today's date — [CURRENT DATE] — I have not received a written response, an acknowledgment of receipt, or a request for additional information.

Under [STATE] insurance law and the NAIC Unfair Claims Settlement Practices Act, your company is obligated to respond to a claim promptly and in good faith. I request a written response to my demand within **14 days** of this letter.

If no response is received by [DATE 14 DAYS FROM NOW], I will file a formal complaint with the [STATE] Insurance Commissioner's office and will seek legal counsel regarding my options, including potential bad faith claims.

Sincerely,

[YOUR NAME / DATE / SIGNATURE]

Counter-Offer Letter Template (Fillable)

[YOUR NAME] | [Address] | [Phone] | [Email]

[DATE]

[INSURANCE COMPANY] — Claims Department

[Address]

RE: COUNTER-OFFER IN RESPONSE TO YOUR OFFER OF [DATE]

Claimant: [YOUR NAME] | **Claim No.:** [NUMBER]

Dear [ADJUSTER NAME],

I am in receipt of your [letter / email] dated [DATE] containing a settlement offer of \$[THEIR OFFER AMOUNT] in response to my demand of \$[YOUR DEMAND AMOUNT].

I appreciate your response. However, I am unable to accept this offer because it does not adequately compensate me for my documented damages. Specifically:

1. Medical Damages: My documented medical expenses total \$[AMOUNT] — fully supported by the records and bills enclosed with my original demand. Your offer does not fully account for these documented costs.

2. Non-Economic Damages: Your offer does not adequately reflect the pain, suffering, and reduced quality of life I have experienced, which I calculated at \$[YOUR P&S AMOUNT] using [the multiplier / per diem] method. My daily symptom journal (previously enclosed) documents this ongoing harm.

3. [ADD ANY OTHER UNDERPAID CATEGORY — future damages, lost wages, etc.]

In the interest of resolving this matter without litigation, I am willing to accept \$[YOUR COUNTER-OFFER AMOUNT] in full and final settlement of all claims. I request your response within **14 days**.

If we are unable to reach a resolution at this figure, I will need to evaluate my litigation options before the statute of limitations expires on [DATE].

This counter-offer is submitted without prejudice to all legal rights.

Sincerely,

[YOUR NAME / DATE / SIGNATURE]

SECTION 7 State-Specific Demand Letter Rules

SOL · Pre-Suit Requirements · Bad Faith Statutes · All 50 States

Why This Matters: A demand letter does NOT pause your statute of limitations. Missing the SOL is the single most catastrophic mistake in personal injury law — it permanently eliminates your right to sue, regardless of how strong your claim is.

Critical Rule: A Demand Letter Does NOT Toll Your SOL

■ CRITICAL WARNING

Filing an insurance claim or sending a demand letter does NOT stop the statute of limitations clock. The SOL clock runs independently from your insurance negotiations. You must file suit in your state's civil court BEFORE the SOL expires, regardless of whether your insurance claim is still open. If the SOL expires while you are still negotiating, you lose all legal options permanently. [Source: NAIC Consumer Guide, naic.org; verify your state SOL at your state legislature's .gov website]

50-State Demand Letter & SOL Reference Table

<i>State</i>	<i>SOL (Personal Injury)</i>	<i>Fault System</i>	<i>Pre-Suit Demand Required?</i>	<i>Bad Faith Statute</i>	<i>Commissioner</i>
Alabama	2 years	Contributory	No	Ala. Code §27-12-24	aldoi.gov
Alaska	2 years	Comparative	No	AS §21.36.125	commerce.alaska.gov/ins
Arizona	2 years	Comparative	No	A.R.S. §20-461	insurance.az.gov
Arkansas	3 years	Comparative	No	Ark. Code §23-66-206	insurance.arkansas.gov
California	2 years	Comparative	No	Cal. Ins. Code §790.03	insurance.ca.gov
Colorado	3 years	Comparative	No	C.R.S. §10-3-1116	doi.colorado.gov
Connecticut	2 years	Comparative	No	Conn. Gen. Stat. §38a-816	portal.ct.gov/CID
Delaware	2 years	Comparative	No	18 Del. C. §2304	insurance.delaware.gov
D.C.	3 years	Contributory	No	D.C. Code §31-2231.17	disb.dc.gov
Florida	4 years	Comparative	No	Fla. Stat. §624.155	myfloridacfo.com
Georgia	2 years	Comparative	No	OCGA §33-6-34	oci.ga.gov
Hawaii	2 years	Comparative	No	HRS §431:13-103	cca.hawaii.gov/ins
Idaho	2 years	Comparative	No	Idaho Code §41-1329	doi.idaho.gov

Illinois2 years		Comparative	No	215 ILCS 5/155	insurance.illinois.gov
Indiana2 years		Comparative	No	Ind. Code §27-4-1-4.5	in.gov/idoi
Iowa2 years		Comparative	No	Iowa Code §507B.4	iid.iowa.gov
Kansas2 years		Comparative	No	K.S.A. §40-2404	insurance.ks.gov
Kentucky1 year		Comparative	No	KRS §304.12-230	insurance.ky.gov
Louisiana1 year		Comparative	No	La. R.S. §22:1973	ldi.la.gov
Maine6 years		Comparative	No	24-A M.R.S. §2164-F	maine.gov/pfr/insurance
Maryland3 years		Contributory	No	Md. Code Ins. §27-303	insurance.maryland.gov
Massachusetts3 years		Comparative	No	M.G.L. c. 176D §3	mass.gov/orgs/doi
Michigan3 years		Comparative	No	MCL §500.2026	michigan.gov/difs
Minnesota2 years		Comparative	No	Minn. Stat. §72A.201	mn.gov/commerce
Mississippi3 years		Comparative	No	Miss. Code §83-11-107	mid.ms.gov
Missouri5 years		Comparative	No	RSMo §375.1007	insurance.mo.gov
Montana3 years		Comparative	No	Mont. Code §33-18-201	csimt.gov
Nebraska4 years		Comparative	No	Neb. Rev. Stat. §44-1525	doi.nebraska.gov
Nevada2 years		Comparative	No	NRS §686A.310	doi.nv.gov
New Hampshire3 years		Comparative	No	RSA §417:4	nh.gov/insurance
New Jersey2 years		Comparative	No	N.J.S.A. §17:29B-4	dobi.nj.gov
New Mexico3 years		Comparative	No	NMSA §59A-16-20	osi.state.nm.us
New York3 years		Comparative	No	NY Ins. Law §2601	dfs.ny.gov
North Carolina3 years		Contributory	No	N.C.G.S. §58-63-15	ncdoi.gov
North Dakota6 years		Comparative	No	N.D.C.C. §26.1-04-03	nd.gov/ndins
Ohio2 years		Comparative	No	Ohio Rev. Code §3901.21	insurance.ohio.gov
Oklahoma2 years		Comparative	No	36 O.S. §1250.7	ok.gov/oid
Oregon2 years		Comparative	No	ORS §746.230	insurance.oregon.gov
Pennsylvania2 years		Comparative	No	40 Pa. C.S. §1171.5	insurance.pa.gov
Rhode Island3 years		Comparative	No	R.I. Gen. Laws §27-9.1-3	dbr.ri.gov
South Carolina3 years		Comparative	No	S.C. Code §38-59-20	doi.sc.gov
South Dakota3 years		Comparative	No	SDCL §58-33-67	dlr.sd.gov/insurance
Tennessee1 year		Comparative	No	T.C.A. §56-8-105	tn.gov/commerce/insurance
Texas2 years		Comparative	No	Tex. Ins. Code §541.060	tdi.texas.gov

Utah	4 years	Comparative	No	Utah Code §31A-26-303	insurance.utah.gov
Vermont	3 years	Comparative	No	8 V.S.A. §4724	dfr.vermont.gov
Virginia	2 years	Contributory	No	Va. Code §38.2-510	scc.virginia.gov
Washington	3 years	Comparative	No	RCW 48.30.015	insurance.wa.gov
West Virginia	2 years	Comparative	No	W. Va. Code §33-11-4	wvinsurance.gov
Wisconsin	3 years	Comparative	No	Wis. Stat. §628.34	oci.wi.gov
Wyoming	4 years	Comparative	No	Wyo. Stat. §26-13-124	doi.wyo.gov

Note: SOL = Statute of Limitations for standard personal injury claims. Contributory negligence states (AL, DC, MD, NC, VA) may bar ALL recovery if you are ANY percent at fault. Kentucky, Louisiana, Tennessee: 1-year SOL — immediate action required. Always verify current SOL at your state legislature's .gov website. [Source: NAIC Consumer Guide, naic.org; individual state legislature .gov sites, 2024]

SECTION 8 *The Negotiation System*

4 Rounds · 4 Scripts · Walk-Away Matrix · Negotiation Tracker

Why This Matters: Settlement negotiation is a structured process with predictable moves. Victims who know what to expect at each round stay in control. These four scripts give you a prepared response for every scenario.

Script 1 — Acknowledging Their Counteroffer (Buying Time)

YOU SAY (phone or email): 'Thank you for your response and your offer of \$[THEIR AMOUNT] dated [DATE]. I have received it and I am reviewing it against my documented damages. I will respond in writing within [10–14 DAYS]. I trust the offer will remain open during that period — please confirm.'

WHY THIS SCRIPT WORKS: You acknowledge without accepting. You buy time to prepare a strategic counter-offer. You establish that you are organized and will respond in writing — not verbally. You confirm the offer stays open — preventing artificial expiration pressure.

Script 2 — Rejecting a Lowball and Explaining Why

YOUR WRITTEN COUNTER-OFFER INCLUDES:

'I have reviewed your offer of \$[THEIR AMOUNT]. I am unable to accept this offer because it does not adequately reflect my documented losses. Specifically, your offer appears to undervalue my medical expenses, which total \$[YOUR AMOUNT] as fully documented in my enclosed records. Your offer also does not adequately reflect [X MONTHS] of documented pain and suffering during which I was [DESCRIBE LIMITATIONS]. I am prepared to accept \$[YOUR COUNTER AMOUNT] in full and final settlement, representing a reduction from my original demand as a good-faith gesture toward resolution. I request your response within 14 days.'

NEVER SAY: 'I just need the money.' | 'I can go lower.' | 'What's the most you can do?' | 'I wasn't hurt that badly.' Each weakens your position permanently.

Script 3 — Making a Final Concession With a Deadline

USE THIS IN ROUND 3 OR 4:

We appear to be closing the gap. In the interest of resolving this matter without the time and expense of litigation, I am prepared to make a final concession and accept \$[FINAL FIGURE] in full and final settlement of all claims. This offer is open until [DATE — 10 DAYS FROM TODAY]. If I do not receive written acceptance by that date, I will evaluate my options before my statute of limitations expires on [DATE].'

WHY A DEADLINE WORKS: A credible deadline creates urgency without desperation. Citing the SOL signals that you know your rights and will act on them — a powerful signal to an adjuster.

Script 4 — Declaring Impasse and Signaling Litigation Intent**USE THIS IF NEGOTIATIONS STALL:**

Despite good-faith efforts to resolve this matter over the past [X WEEKS / MONTHS], we have been unable to reach a satisfactory resolution. Your most recent offer of \$[AMOUNT] falls significantly below my documented damages of \$[AMOUNT] and does not reflect a good-faith effort to resolve this claim. I am declaring an impasse as of [DATE]. I am consulting with personal injury counsel regarding my litigation options, including potential bad faith claims under [STATE] Insurance Code [CITE YOUR STATE BAD FAITH STATUTE]. If your company wishes to revisit this matter before litigation commences, please contact me in writing before [DATE].'

THIS SCRIPT IS A LAST RESORT — NOT A BLUFF. Only use it if you genuinely intend to consult an attorney and pursue litigation if necessary.

Walk-Away Decision Matrix

Situation	Recommendation	Reasoning
Offer covers all economic damages + 50% or more and I'm accepting		You are at or near full value. Factor in litigation costs and time.
Offer covers all economic damages + 25% or more and I'm not accepting		One more counter may close the gap. Cite documented P&S evidence.
Offer covers only economic damages (no P&S) and I'm not accepting		P&S is recoverable. Push back with symptom journal and medical records.
Offer is below economic damages	Do not accept — escalate	Insurer is not acting in good faith. File commissioner complaint. Consult attorney.
Claim denied with written basis stated	Consult attorney	Denial may be challengeable. Commissioner complaint + attorney review recommended.
SOL within 90 days and no resolution	File suit immediately	A lawsuit can still settle. Missing SOL cannot be undone. Act now.

Negotiation Tracker (Fillable — 4 Rounds)**ROUND 1**

DATE	PARTY MAKING OFFER/COUNTER	OFFER AMOUNT (\$)
THEIR STATED JUSTIFICATION		YOUR RESPONSE DEADLINE
YOUR COUNTER-STRATEGY		

ROUND 2

DATE	PARTY MAKING OFFER/COUNTER	OFFER AMOUNT (\$)
THEIR STATED JUSTIFICATION		YOUR RESPONSE DEADLINE
YOUR COUNTER-STRATEGY		

ROUND 3

DATE	PARTY MAKING OFFER/COUNTER	OFFER AMOUNT (\$)
THEIR STATED JUSTIFICATION		YOUR RESPONSE DEADLINE
YOUR COUNTER-STRATEGY		

ROUND 4

DATE	PARTY MAKING OFFER/COUNTER	OFFER AMOUNT (\$)
THEIR STATED JUSTIFICATION		YOUR RESPONSE DEADLINE
YOUR COUNTER-STRATEGY		

FINAL SETTLEMENT AMOUNT (\$)	GROSS / NET AFTER LIENS (\$)	DATE SIGNED
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SECTION 9 *Special Situations Guide*

Uninsured Driver · Multiple Parties · Minor Victims · Pre-Existing Conditions · Delayed Injuries

Situation 1 — Uninsured or Underinsured Motorist

If the at-fault driver has no insurance or insufficient insurance, your own auto policy's Uninsured/Underinsured Motorist (UM/UIM) coverage becomes your primary recovery source. You file a demand with your own insurer — and your own insurer takes the position of the at-fault party's carrier in negotiations. [Source: NAIC UM/UIM Consumer Guide, naic.org; NAIC Model Regulation 20-10, naic.org]

INSIDER INSIGHT

Your own insurer has the same financial incentive to minimize your claim as any other insurer. Treat your UM/UIM claim with exactly the same rigor as a third-party claim. Send the same demand package. Apply the same documentation standards. Do not assume your own insurer will act in your best interest simply because they are your insurer.

ACTION STEPS

Send demand to your own insurer's UM/UIM claims department. Include the police report confirming the at-fault driver's insurance status. Obtain the at-fault driver's insurance information from the police report or your state's motor vehicle department.

Situation 2 — Multiple At-Fault Parties

When multiple parties contributed to your accident — such as a negligent driver AND a road defect caused by a municipality — you may have claims against multiple insurers simultaneously. Most states recognize joint and several liability or proportional liability for accidents with multiple responsible parties. [Source: NAIC Consumer Guide, naic.org; verify your state's joint liability rules at your state legislature's .gov website]

INSIDER INSIGHT

Sending separate demand letters to multiple parties creates parallel negotiation tracks. Each insurer knows other parties are also in play — which can motivate faster resolution from each, as each prefers to settle their share rather than face a combined litigation threat.

ACTION STEPS

Send separate demand letters to each at-fault party's insurer. Apportion liability based on each party's contribution to the accident. Work with an attorney for multi-party claims — coordination of releases and settlements is complex.

Situation 3 — Minor Victim (Under 18)

When the injured party is a minor, the parent or legal guardian files the demand. However, in most states, any settlement on behalf of a minor must be approved by a court — even if the minor's parents agree to the amount. This court approval process is called a 'minor's compromise' or 'petition to approve minor's settlement.' [Source: verify your state's minor settlement approval rules at your state court's .gov website or state legislature's .gov site]

INSIDER INSIGHT

Many parents unknowingly sign settlement releases on behalf of their minor children without court approval — which may not be legally binding and could expose them to claims from the child upon reaching adulthood. Court approval protects everyone.

ACTION STEPS

File demand in parent's name as guardian of the minor. Consult an attorney — minor's compromise petitions require court filing. Once settlement is approved by court, proceeds are typically held in trust until the minor turns 18.

Situation 4 — Pre-Existing Condition Defense

Adjusters frequently argue that your injuries were pre-existing — not caused by the accident — to reduce or eliminate their liability. The legal counter to this is the 'Eggshell Plaintiff Doctrine': a defendant must take the plaintiff as they find them. Even if your pre-existing condition made you more susceptible to injury, the at-fault party is liable for the full extent of the harm they caused. [Source: Restatement (Second) of Torts §461; verify your state's adoption at your state's judicial website or state legislature's .gov site]

INSIDER INSIGHT

The adjuster's pre-existing condition argument works only if you cannot show that the accident aggravated your condition beyond its prior state. A treating physician causation letter specifically addressing this distinction is the most powerful counter-document you can submit.

ACTION STEPS

Obtain a letter from your treating physician explicitly stating: (1) the nature of any prior condition, (2) that the accident aggravated, exacerbated, or accelerated that condition beyond its prior state, and (3) the degree of new harm caused. Include prior medical records to establish the baseline — and the contrast.

Situation 5 — Delayed Injury Onset (Soft Tissue / Whiplash)

Soft tissue injuries — whiplash, cervical strain, lumbar strain — often develop or worsen 24–72 hours after impact. Many victims feel 'fine' at the scene and then experience increasing pain in the days that follow. This delayed onset pattern is medically well-documented and consistent with the biomechanics of rear-impact collisions. [Source: NHTSA Research on Crash Biomechanics and Cervical Injury, [nhtsa.gov/research-data](https://www.nhtsa.gov/research-data)]

INSIDER INSIGHT

Any statement made at the scene ('I'm fine,' 'I don't think I'm hurt') will be cited by adjusters to minimize your delayed-onset injury claim. These statements were made before your injuries fully manifested — but adjusters will present them as admissions.

ACTION STEPS

Address delayed onset directly in your demand letter: 'Claimant initially reported [mild symptoms] at the scene. Over the following 48–72 hours, symptoms progressed to include [list symptoms], consistent with the documented pattern of delayed soft tissue injury onset following rear-impact collisions. This progression is documented in claimant's medical records dated [DATE] and daily symptom journal (enclosed).'

[Source: NAIC Consumer Guide, naic.org; NHTSA.gov; FTC.gov; individual state legislation at state legislature .gov sites]

Attorney Consultation Preparation Checklist

When your claim requires an attorney, arrive prepared to maximize the value of your consultation.

- Completed Economic Damages Worksheet (Section 2 of this kit)
- All medical bills, records, and treatment documentation
- Police accident report (or report number)
- All insurer correspondence and claim numbers
- Any demand letters sent and responses received
- Pay stubs and employer confirmation letter for lost wages
- Daily symptom journal (if maintained)
- Treating physician causation letter (if obtained)
- Denial letter (if applicable)
- All photographs of accident scene and injuries
- Witness information and any written statements
- Completed Claim Timeline from accident to today
- Tax returns (2 years) if self-employed
- Your calculated damages summary (Section 2 Total Damages Table)
- SOL deadline for your state (from Section 7 table)

Official Resources & Government Links

Agency	Website	Use For
NHTSA — Natl. Highway Traffic Safety Administration	nhtsa.gov	Accident data, injury research, vehicle safety
FTC — Federal Trade Commission (Consumer Protection)	consumer.ftc.gov/articles/car-accidents	Insurance rights, deceptive practices
NAIC — Natl. Assoc. of Insurance Commissioners	naic.org	Model laws, consumer complaint portal, TNC guides
DOL — Dept. of Labor	dol.gov/agencies/whd	Wage documentation, FMLA, lost income standards
IRS — Internal Revenue Service	irs.gov/pub/irs-pdf/p463.pdf	Mileage rate for medical travel (Publication 463)
CMS — Centers for Medicare & Medicaid Services	cms.gov/medicare/coordination-of-benefits	Medicare lien rules — 42 U.S.C. §1395y(b)
CFPB — Consumer Financial Protection Bureau	consumerfinance.gov	Medical debt and collections rights
USA.gov — Auto Accidents	usa.gov/car-accident	General federal victim guidance
ADA.gov	ada.gov	Disability rights after injury

JusticeFinder.net — Free Calculation Tools

<i>Tool</i>	<i>URL</i>	<i>Use For in This Kit</i>
Pain & Suffering Calculator	justicefinder.net/tools/pain-and-suffering-calculator	Calculate non-economic damages (Section 2)
Lost Wages Calculator	justicefinder.net/tools/lost-wages-calculator	Document income losses (Section 2)
Soft Tissue Settlement Calculator	justicefinder.net/tools/soft-tissue-injury-settlement-calculator	Whiplash & soft tissue claim value
Medical Lien Calculator	justicefinder.net/tools/medical-lien-settlement-reduction-calculator	Model lien reduction scenarios (Section 5)
Future Medical Expenses	justicefinder.net/tools/future-medical-expenses-calculator	Project long-term treatment costs (Section 2)
Statute of Limitations	justicefinder.net/tools/personal-injury-statute-of-limitations-calculator	Verify your state's filing deadline (Section 3)
Demand Letter Generator	justicefinder.net/tools/personal-injury-demand-letter-generator	Draft and download your demand letter
Evidence Checklist	justicefinder.net/tools/personal-injury-evidence-checklist	Verify complete evidence capture (Section 4)
Wrongful Death Calculator	justicefinder.net/tools/wrongful-death-compensation-calculator	Wrongful death damages (Template 5)
Fault Estimator	justicefinder.net/tools/car-accident-fault-percentage-estimator	Assess comparative fault impact

PERSONAL INJURY DEMAND LETTER BUILDER KIT

5 Templates · Settlement Math · Script Library

Not a law firm. Not legal advice.
Your information. Your power. Your rights.

*All information sourced exclusively from official U.S. government and regulatory agencies.
NHTSA · FTC · NAIC · DOL · IRS · CMS · CFPB · DOT · State Insurance Commissioners (.gov)*

JusticeFinder.net

Free Calculators · Legal Tools · Claim Guides · Resources