

VALORIS

LIFE & PROPERTY INSURANCE CO.

July 25, 2018

Our Insured: Tim Roberts
Claim Number: ABC-123456
Policy Number: 123456789
Date of Loss: June 10, 2018

Dear Richard,

Tim Roberts, our insured, suffered damages assessed at \$2000 on June 10, 2018. Under the terms of their insurance contract, we paid our insured \$2000 in indemnity.

Our investigation deemed that you are liable for these damages. We therefore request that you make a check payable to Valoris Insurance for the amount of \$2000 and send it to the following address:

Valoris Insurance
P.O. Box 15600
Lexington, Kentucky 40515

If you have third-party liability insurance, please provide us with the name of your insurer as well as your contract number. In order to protect your rights, we also advise you to forward a copy of this letter to your insurer as soon as possible.

Please note that if we do not hear from you within fifteen days of your having received this letter, we will take appropriate legal action for recovery.

Should you have any questions or comments, please do not hesitate to contact the undersigned.

Respectfully,

Monica Stewart
Claims Subrogation Specialist, Valoris Insurance