

## Sample Letter Requesting Claim Payment History

**NOTE:** This letter is a sample that must be customized to fit the facts of your individual situation and claim. All bracketed and underlined portions must be completed or revised before sending. Use this letter to request an updated, itemized list of all payments your insurance company has made on your claim.

(Date)

(Name of Adjuster or highest ranking ins. co. employee)

(Name of Insurance Company)

(Address)

Re: Claim Number: \_\_\_\_\_

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

Name of Insured: \_\_\_\_\_

Address of Insured Property: \_\_\_\_\_

Dear [INSURANCE COMPANY],

Please provide [me/us] with complete and current list of all payments made to date by [INSURANCE COMPANY] on this claim. Please include the status of all payments made by [INSURANCE COMPANY], showing date of payment, number of the check, amount paid, and under what area of coverage the payment applies.

If a check includes payments under more than one area of coverage, please explain the break down.

Please send [me/us] this information within the next fifteen (15) calendar days to the mailing address below. And, from now on please provide [me/us] with a written status report each month of payments made by area of coverage for [my/our] files.

Thank you in advance for your prompt handling of this request.

Sincerely,

YOUR NAME

MAILING ADDRESS

*The information presented in this publication is for general informational purposes and should not be taken as legal advice. If you have a specific legal issue or problem, United Policyholders recommends that you consult with an attorney. Guidance on hiring professional help can be found in the "Find Help" section of <http://www.uphelp.org>. United Policyholders does not sell insurance or certify, endorse or warrant any of the insurance products, vendors or professionals identified at our website. United Policyholders respects and protects the privacy of all individuals who communicate with us. We do not sell or share our membership or mailing lists.*