

SENT VIA:

**RE: Your Insured:
Your Policy:
Location:
Date of Loss:
Occurrence:**

To whom it may concern,

On the above noted date _____ occurred at _____,
which was occupied by your insured.

The incident occurred due to:

As a result of your insured's negligence our property sustained damages, which we are holding them wholly responsible. A breakdown of the costs are as follows:

DESCRIPTION	VENDOR	INVOICE AMOUNT
TOTAL:		

As a not for profit, our organization is eligible to recover _____ % of HST. We will not be seeking reimbursement on this amount. Please have your assigned adjuster contact the undersigned to discuss reimbursement, as we would like to commence repairs *as soon as possible*.

Thanks and regards,

ENCLOSURES: