If You Were Insured If you had insurance at the time of this loss, we ask that you do the following:

- promptly notify your insurance carrier of this claim notice;
- *please advise us* that you are doing so and we will communicate directly with that company.

If You Were Not Insured We will be happy to work with you in establishing a convenient payment plan. Please contact me right away at the number listed above, extension 73391.

I appreciate your prompt response to this notice. Please call me if you have any questions; or if prefer to communicate by email, my address is listed below. When contacting me by email, please be sure to use your claim number in the subject line.

Sincerely,

LASHONDA HOWARD
Subrogation Department
Tel: (800) 521-0986 (800) 521-0986
Extension: 73391
Email: LASHONDA.HOWARD@LIBERTYMUTUAL.COM