SAMPLE INSERT TO ENGAGEMENT LETTER FOR REPRESENTATION OF INSURED WHEN INSURER IS PAYING—CONFLICT OF INTEREST WAIVER

Insert:

[Name of insurer's] payment to [Law Firm] for your representation creates a conflict of interest requiring your informed consent and waiver. We can confirm to you that [name of insurer's] payment for your representation will not interfere with the exercise of our independence of professional judgment on your behalf or with our attorney-client relationship. In addition, we will protect your confidential information from disclosure [insert any exceptions as to information that is required to be shared with insurer.]

If, under these circumstances, you consent to **[name of insurer's]** payment for your representation and waive any associated conflict of interest, please so indicate in the space provided below. Also, please return the executed copy of this letter to me as soon as possible, keeping a copy for your records. **[Insert if the return of the signed letter is to take place via facsimile and the appropriate fax number, or insert language that a stamped, addressed envelope is enclosed for return of the signed waiver letter.]**

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AGREEMENT TO TERMS OF ENGAGEMENT, CONSENT TO INSURER'S PAYMENT FOR REPRESENTATION, AND CONFLICT OF INTEREST WAIVER

[Name of Client] hereby agrees to the terms of engagement, consents to [name of insurer's] payment for the representation, and waives any associated conflict of interest as described in the aforesaid circumstances.

[CLIE	NT]			
By:				
Its:				
Dated:				