Before the State of South Carolina
Department of Insurance

[Petitioner], Petitioner, vs. [Respondent], Respondent.	SCDOI Docket Number _____ **NOTICE**

TO: THE RESPONDENT:

The Petitioner hereby gives notice that it has filed the attached Petition for Disallowance of Subrogation with the Director of Insurance pursuant to § 38-71-190 of the South Carolina Code.

Date and signature
Name, address, phone number and other essential contact information

Before the State of South Carolina
Department of Insurance

[Petitioner], Petitioner, vs. [Respondent], Respondent.	SCDOI Docket Number _____ **PETITION FOR DISALLOWANCE OF SUBROGATION**

The Petitioner respectfully alleges the following unto the Director of Insurance:

1. Jurisdiction over this matter pursuant to § 38-71-190 of the South Carolina Code.

2. Jurisdiction over the Petitioner.

3. Jursidiction over the Respondent as entity licensed to transact the business of insurance in South Carolina.

4. The Petitioner's accident/injury caused by another person.

5. The Petitioner's damages.

6. The Petitioner's reward as determined and secured by final judgment.

7. The Respondent extended benefits/coverage to the Petitioner.

8. Amount of benefits Respondent paid on behalf of Petitioner due to the Petitioner's accident/injury.

9. The Respondent's attempts to subrogate its interest against the Petitioner's judgment.

10. Why subrogation in this matter is inequitable and commits an injustice to the Petitioner as contemplated by § 38-71-190 of the South Carolina Code.

Wherefore, the Petitioner requests the Director of Insurance to review this matter and to determine whether the Respondent's subrogation interest is proper under § 38-71-190 of the South Carolina Code and whether the Respondent's subrogation interest should be allowed.

Date and signature
Name, address, telephone number, and other essential contact information