



ROBERT L. PARKS
Board Certified*
bob@rpllegal.com

ROBERT L. PARKS, P.L.
LAW OFFICES

AREAS OF TRIAL PRACTICE
Aviation Law*
Personal Injury
Wrongful Death
Products Liability
Commercial Litigation
Resort Litigation

GABRIELLE LYN D'ALEMBERTE
gabrielle@rpllegal.com

March 4, 2011

CERTIFIED RETURN
RECEIPT REQUESTED
NO: 7010 2780 0002 3897 6237

Royal Caribbean Cruises Ltd., a Liberian Corporation
d/b/a Royal Caribbean International
1050 Caribbean Way
Miami, Florida 33132

Re: Suzanne M. Boden v. Royal Caribbean
Date of Accident: October 12, 2010

Dear Claim Representative:

Please be advised that this law firm represents Suzanne M. Boden in connection with an accident that occurred on or about October 12, 2010. As a passenger onboard Royal Caribbean's vessel for an nine (9) day cruise on Enchantment of the Seas which returned on October 16, 2010. Mrs. Boden was injured when metal pieces in the shower fell on her while she was taking a shower in her room. This correspondence shall serve as notice as required by Royal Caribbean's Passenger Ticket clause.

We would appreciate a copy of any and all records, including medical records for treatment our client received on board. Also, please let this serve as notice not to destroy or move any records, videos, tapes, film or other such recorded material that may be helpful in resolving this claim. Please be advised that any authorizations for records signed before this date are hereby revoked.

Finally, pursuant to Florida Statute §627.4137, please provide information concerning liability coverage available to those against whom a claim may be made by our client. I hereby request you provide this office within thirty (30) days of this letter a statement under oath of a corporate officer of your insurance company setting forth the following information with regards to each known policy of insurance:

1. Name of the insurer;
2. Name of each insured;

EXHIBIT B

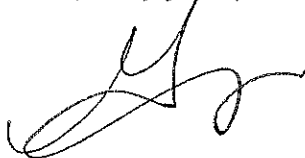
March 4, 2011

Page two

3. The limits of liability coverage; **including med-pay coverage;**
4. A statement of any policy or coverage defense which said insured reasonably believes is available to said insured at the time of filing said settlement;
5. A copy of the policy or policies;
6. The name and coverage of each known insurer which may be involved with this incident, including excess carriers;
7. An update of your response at any time that you discover new facts which would require an amendment of your response.

Thank you for your cooperation in this matter. If you have any questions, please contact the undersigned.

Very truly yours,



GABRIELLE LYN D'ALEMBERTE

GLD:epb

cc: Suzanne and Jerome Boden

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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Certified Fee		
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Restricted Delivery Fee (Endorsement Required)		
Royal Caribbean Cruises Ltd., a Liberian Corp d/b/a Royal Caribbean International 1050 Caribbean Way Miami, Florida 33132		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Royal Caribbean Cruises Ltd., a Liberian Corp
 d/b/a Royal Caribbean International
 1050 Caribbean Way
 Miami, Florida 33132

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X <i>Steve Park</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
	<i>2/11</i>	
D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label) 7010 2780 0002 3897 6237