

WRITTEN NOTICE OF CLAIM

Insured(s): _____

Loss Address: _____

Insured Phone: _____

Insurance Company: _____

Policy Number: _____

Date of Loss: _____

Cause of Loss: _____

ATTN: _____

This letter will serve as written notification of my loss under the policy referenced.

I understand that my loss will be receiving a claim number and assigned to a claims adjuster to facilitate processing. Please let me know the particulars in writing, including the adjusters direct contact information as soon as possible and instruct him/her to resolve my claim in an equitable manner under Texas common law and the Texas Insurance Code.

If there are any questions, and to schedule inspections, please contact me at the above-referenced phone number and/or to the following email address:

Thank you, in advance, for your prompt response in this matter.

Respectfully Submitted,

Signature (X): _____

Date: _____

Printed Name: _____