CLICK HERE and Enter Company Name

Company Address & Phone Number

«TODAYS\_DATE»

«HOMEOWNER\_INSURANCE\_CO»

«HOMEONWER\_INSURANCE\_ADDRESS»

«HOMEONWER\_INSURANCE\_CITY», «HOMEONWER\_INSURANCE\_STATE» «HOMEONWER\_INSURANCE\_ZIPCODE»

RE: Our Insured: «CLAIMANT\_FIRST\_NAME» «CLAIMANT\_LAST\_NAME»

Policy Number: «HOMEOWNER\_POLICY\_NO»

Date of Loss: «LOSS\_DATE»

Claim Number: «HOMEOWNER\_CLAIM\_NUMBER»

Your Client: Claimant's Name

Dear Sirs:

I am in receipt of your letter of representation. Please forward all correspondence regarding your client to me at the above address.

If you need to speak with me, you may call me during my regular office hours of 8:00 a.m. to 4:30 p.m., or leave a message on my voice mail and I will call you back as soon as possible.

Sincerely,

«OFFICE\_NAME»

Adjuster's Job Title