



October 12, 2020

JON\*\*\*\*\* R JON\*\*\*\*\*  
PO \*\*\*\*\* ,  
Albany , Texas , 76430

RE:    Insured:                    JON\*\*\*\*\* R JON\*\*\*\*\*  
     Policy Number:            AND 0001644-17(00)  
     Your Claim #:                1180046  
     Date of Loss:                06/02/2017

Dear JON\*\*\*\*\* R JON\*\*\*\*\* :

Enclosed is a payment in the amount of [ENTER VALUE] as an advance under your [ENTER COVERAGE TYPE] coverage. This amount is an advance from your policy benefits, pending our full review of your claim.

Please retain all receipts for your expenses incurred, such as hotel, meals, clothing, etc.. Please return the receipts in the envelope provided at your earliest convenience.

This advance is being made in order to provide assistance while your claim is being investigated for coverage, and shall not be construed as an admission of coverage.

In the meantime, if you have any questions or concerns please contact me at the number listed below.

Sincerely,

Bharti Paryani

rparikh@pacificspecialty.com

2995 Prospect Park, Suite 150 – Rancho Cordova, CA 95670