

## Get Help With a New or Existing Claim

(866) 330-6012 | [info@insurancesally.com](mailto:info@insurancesally.com) | P.O. Box 15737, Phoenix, AZ 85060

[www.insurances-ally.com](http://www.insurances-ally.com)

### PRELIMINARY AUTHORIZATION

I authorize Insurances Ally to act as my Public Insurance Adjuster for:

1. Reviewing my insurance policy and documents to determine coverage.
2. Evaluating, documenting, and discussing my insurance claim with my insurance company.
3. Communicating with my insurance company to assist in the proper handling of my claim.

### MEMBERSHIP COVERAGE

This service is included as part of my Insurances Ally membership.

- No additional fees are required.
- If state-specific agreements or additional documents are required by law before further claim handling, they will be provided for review and signature.

### ACKNOWLEDGMENT & CONSENT

By submitting my claim through the Insurances Ally platform, I agree to the terms of this authorization. This preliminary authorization allows Insurances Ally to assist with my claim but does not replace state-required Public Adjuster contracts.

### ELECTRONIC SIGNATURE & CONSENT

By checking the authorization box and submitting my claim, I agree this serves as my electronic signature.

This document provides preliminary authorization under membership benefits and does not supersede or replace any legally required state-specific agreements.