**HURRICANE - AUTHORITY REQUEST**

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| **Attention: Allied Trust Insurance** |  |
| **Claim Number:** |  |
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| **Cause of Loss:** | 2160 Hurricane IDA |
| **Date Of Loss:** | 8/29/2021 |
| **Date of Reporting:** | 9/ |
|  |  |
| **Insured:** |  |
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| **Mitigation or Repairs Completed:** | No |
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| **Coverage Review:** | Agree with the FA Attached report |
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| **IA Repair Estimate and Conclusion:** | Agree with the FA Attached report |
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| **Coverage Summary:** | The risk is insured under the HO3 LA policy. The HO3 provides a coverage limit of $XXX,00 for dwelling and has a $X,XXX deductible for Hurricane. |
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| **COV A** | **RCV:** $  **Less Rec Dep:** $  **Less Ded:** $  **Less Prior Payment:** $0.00  **Net Payment:** $  **COV-A Anticipated Exposure: $0** |
| **COV B** | **RCV:** $  **Less Rec Dep:** $  **Less Ded:** $  **Less Prior Payment:** $0.00  **Net Payment:** $  **COV-B Anticipated Exposure: $0** |
| **COV C** | **RCV:** $  **Less Rec Dep:** $  **Less Ded:** $  **Less Prior Payment:** $0.00  **Net Payment:** $  **COV-C Anticipated Exposure: $0** |
| **COV D** | **RCV:** $  **Less Rec Dep:** $  **Less Ded:** $  **Less Prior Payment:** $0.00  **Net Payment:** $  **COV -D Anticipated Exposure: $0** |
|  |  |
| **TOTAL ANTICIPATED EXPOSURE** | **$0** |
| Respectfully Submitted,  Cyres Cooper  Claims Examiner|| Allied Trust Insurance Company  prestigeclaimsteam2@prestige‐claims.com (888) 622-8806 Ext 2003 |  |
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| **Attachments:** | 1. 1. Settlement Letter 2. Final Report 3. Estimate 4. Photo Report 5. Sketch 6. Dec Page 7. Authority Request |