**{date}**

Ins. Co.: {carrier}

**Attention: Claims Department**

**CLAIM # {claim}**

**Insured: {insured}**

**Address: {address}**

**Policy Number: {policy\_number}**

**D.O.L.: {date\_of\_loss}**

**Damage due to: {loss\_cause}**

Dear Claims Examiner:

Please be advised that the above referenced insured has/have retained the services of our firm in submitting a Demand for Appraisal to Claim #{claim}.

Attached, please find a copy of our Estimate, Proof of Loss and W-9.

If you have any question, please feel free to contact me.

Thank you for your immediate attention,

Josh Solomon P.A.,

Lisc. # W

Office (305)417-9770