**{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 ,

Please see below the list of approved impartial umpires for consideration. You may send your response to my office with your declaration of choice so we can move forward with this appraisal.

Umpire Name: Phone Number:

Terry Flenniken   [**(561) 789-6323**](tel:%28561%29%20789-6323)

Kevin Smith  [**(954) 351-7999**](tel:954%20351%207999)

Michael Ruskin  [**(954) 363-8406**](tel:954-363-8406)

David Gale **(954) 328-7880**

Randolph Clark **(**[**954) 917-0917**](tel:305-310-4336)

Peter Osterberger **(954) 325-0487**

Thank you in advance for your careful consideration and prompt response.

Josh Solomon P.A.,

Lisc. # W

Office: (305)417-9770

Direct:

Email: