**{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 Insurance Adjuster:

This letter will serve as your Insureds request for a certified copy of their insurance policy together with the declarations page showing applicable coverage as of the above cited date of loss. The insured is requesting {carrier} promptly provide (within the next 14 days) our office with a complete copy of the policy of insurance including the limits of liability for all coverage. We expressly request that the copy of the insurance policy being provided be certified as true and correct as of the above cited date of loss.

Thank you in advance for your prompt attention to this matter. If {carrier} cannot provide a certified copy of the insurance policy in the next 14 days, please advise our office in writing as to why such actions cannot occur.

Sincerely,

Josh Solomon P.A.,

Lisc. # W

Office (305)417-9770