**{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 Examiner:

Florida Public Adjusting (FLAPA) is representing {insured} in his above mentioned claim, for a formally supplement payment request.

Enclosed you will find the Insured’s Claim Estimate and Executed Sworn Statement of Proof of Loss for your review.

Please review it and contact me within the next 14 days to discuss this claim if Citizens has any questions or concerns about the Proof of Loss.

I look forward to working with you to resolve this matter for the benefit of the insured as soon as possible.

Thank you for your immediate attention,

Sincerely,

Joshua Solomon P.A.,

Lisc. # W106037

Office (305)417-9770