**{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 Claim Examiner,

I hope you are doing well. Please consider this letter as a formal request for a status update for the insured in regard to Claim# {claim}.

Please feel free to contact us at any time, direct #786-537-7753, Office #305-417-9770 or by Email: josh@flapublicadjusting.com.

Thank you in advance for your prompt attention and I continue to look forward with working with you to resolve this claim in a fair and timely manner, for the benefit of the insured.

Sincerely,

Josh Solomon P.A.,

Lisc. # W

Office (305)417-9770