



NOTICE OF CLAIM AND NOTICE OF REPRESENTATION

To Insurance Companies Interested:

Insured:

Claim:

Loss Address:

Mailing Address:

Current Address:

Date of Loss:

Date and Place of Birth:

Please be advised that Altieri Insurance Consultants has been retained to advise and assist us in the measurement and documentation of our loss and claim.

Please direct any and all correspondence and communication directly through Altieri Insurance Consultants. The insured hereby gives notice that we are making a replacement cost claim for all damages resulting from Hurricane Helene. You are herewith authorized and directed to recognize Altieri Insurance Consultants as a party in interest.

I declare under penalty of perjury that the foregoing is true and correct.

Insured/ Owner(s)

Print Name

Signature

Date Signed

Insured/ Owner(s)

Print Name

Signature

Date Signed



REQUEST TO DISCLOSE CLAIM FILES

Insured:

Claim:

Loss Address:

Mailing Address:

Current Address:

Date of Loss:

Date and Place of Birth:

I request that a copy of my claim file be sent to Altieri Insurance Consultants, whose notice of representation letter is attached. This letter is submitted as a Letter of Representation. I verify under penalty of perjury that the forgoing is true and correct.

Executed on date .

Print Name

Print Name

Signature

Signature