<u>APPRAISAL DEMAND LETTER</u>

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED Date: ______________

Certified Mail Receipt #: ______________________

To: _____________________________________ (Insurance Company)

Attn: Claims Department / Assigned Adjuster

<u>Re: Demand for Appraisal of the Amount of Loss</u>

Insured: __________________________________

Insurer: __________________________________

Policy #: __________________________________

Claim #: __________________________________

Date of Loss: __________________________________

Type of Loss: __________________________________

Loss Location: __________________________________

To Whom It May Concern:

In accordance with the Appraisal provisions of the above-referenced policy, there exists a dispute as to the Amount of Loss for the above-referenced claim. The policy's appraisal provision states, in relevant part:

> "If 'you' and 'we' fail to agree on the amount of loss, either may demand an appraisal of the physical loss. In this event, each party will choose a competent and impartial appraiser within 20 days after receiving a written request from the other. The two appraisers will choose a competent and impartial umpire. If they cannot agree upon an umpire within 15 days, 'you' or 'we' may request that the choice be made by a judge of a court of record in the state where the 'residence premises' is located. The appraisers will separately set the amount of loss. If the appraisers submit a written report of an agreement between them to 'us,' the amount agreed upon will be the amount of the physical loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will then set the amount of the physical loss. Each party will:
>
> (a) Pay its own appraiser; and
>
> (b) Bear the other expenses of the appraisal and umpire equally."

I do hereby formally demand Appraisal of the Amount of Loss for the damages resulting from the above-referenced loss occurrence. Furthermore, as the professional appraiser for the above-referenced matter, I do hereby designate:

Farhan Merchant
4150 Belt Line Rd #11062
Addison, TX 75001

Phone: 310-614-3058
E-Mail: freddyadjuster@gmail.com

Accordingly, please designate your appraiser within the time frame described in the Appraisal provision of the policy (20 calendar days from receipt of this letter) and have him or her contact Mr. Merchant to proceed in accordance with the Appraisal provisions of the policy.

Sincerely,

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The Insured
Date: ______________