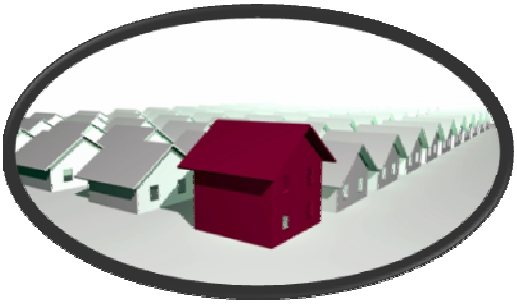

BEST CHOICE PUBLIC ADJUSTING

State Licensed Public Insurance Adjusters

Michelle Allen TX LIC. 1553348

"IT'S NEVER TOO LATE TO MAKE THE BEST CHOICE"

940-391-2312 PHONE 832-645-7405 FAX

bestchoicepa@yahoo.com

ENGAGEMENT LETTER

To: _____ (Carrier)

CLAIM #: _____

POLICY #: _____

Attention: **Claims Unit**

Date of Loss: _____

Loss Location: _____

_____

Insured(s): _____

Insured(s): _____

(*PRINT NAME AS STATED ON POLICY)*

Please be advised that **BEST CHOICE PUBLIC ADJUSTING** has been retained and employed to manage the aforesaid Insurance Claim as representative of the Insured under this policy.

ALL PAYMENTS MADE ON THIS CLAIM AFTER THIS NOTIFICATION HAS BEEN RECEIVED SHOULD BE MADE JOINTLY WITH **BEST CHOICE PUBLIC ADJUSTING** AS ADDITIONAL CO-PAYEE.

All future contact, phone calls, and correspondence on this claim should be directed to the Texas Office at:

BEST CHOICE PUBLIC ADJUSTING
13550 STATE HIGHWAY 36 E
CROSS PLAINS, TX 76443
940-391-2312
832-645-7405 FAX

_____ _____/___/_____:_____

BEST CHOICE PUBLIC ADJUSTING
Michelle Allen TX LIC. 1553348 **INSURED** **DATE** **TIME AM/PM**

_____/___/_____:_____

INSURED **DATE** **TIME AM/PM**

The named Insured has been advised they have the right to seek legal counsel prior to signing this agreement and will have the right to seek legal counsel during this pending agreement without any reservation. At no time will a Service Fee for services rendered exceed 10% of the total settlement. This claim is being negotiated to an agreed price with a General Contractor of the Insured's choice. YES NO INITIAL _____