

Prime Public Adjusting, LLC
5917 S Odessa Cir.
Centennial, CO 80015

Letter of Representation

This is to certify that Prime Public Adjusting, LLC and their representatives, are hereby retained to advise and assist in the adjustment of the insurance claim arising from the loss by:

Location of Loss:

Date of Loss:

By my/our signature below, I/we hereby authorize the name of Prime Public Adjusting, LLC to be on all checks and drafts pertaining to this loss and forward the same to the main office of Prime Public Adjusting, LLC, 5917 S Odessa Cir, Centennial, CO 80015.

Witnessed by:

Insured:

Signature of Public Adjuster

Signature of Insured

Date

Printed name

Date

Address

