



Lighthouse Public Adjusters

All Lines Insurance Claims Public Adjusters

4314 SW 97 Avenue, Miami, Florida 33165
Ph 305 220 1420 • Fax 877 520 7492

Letter of Representation

THIS AGREEMENT is entered into this _____ day of _____, 20____ by and between,
_____ the "INSURED" and

Lighthouse Public Adjusters, Inc.

I, the "INSURED", hereby retain Lighthouse Public Adjusters, Inc., a public adjusting firm, to represent me in the adjustment and negotiation of my insurance claim for the loss or damages caused

by _____ on or about _____ of _____, 20____ at:

Address _____

Ins. Co. _____

Policy # _____

Claim # _____

I, the INSURED/CLAIMANT, hereby authorize and requests the insurance company that the name of Lighthouse Public Adjusters, Inc. appears as a payee jointly with me, the INSURED CLAIMANT, on all checks or drafts issued by the insurance company since they are representing me in the adjustment and negotiation of the above mentioned claim.

Client/s (Name Print)

Client/s (Signature)

Date

Client/s (Name Print)

Client/s (Signature)

Date

Public Adjuster's name a Phone number