

(V ()	Insurance Compan	y:
RELIABLE	Claim No:	Phone No:
SERVICE * TRUST * RESPECT	Email:	
***	Date of Loss:	Cause of Loss:
Adjuster Name:		Company (if Independent):
Phone No:		Email:
Supervisor/Desk Adjust	er Name:	
Phone No:		Email:
Local Agent Name/Brok	cer:	
Phone No:		Email:
Power Quest	ions:	
1. Is my claim covered?	How much is my dec	ductible?
2. What are my policy li	mits? What if my loss	s exceeds my policy limits?
3. Are there any exclusi	ons in my policy whic	:h apply to this claim?
4. Will your company partion)?	ay <u>all the costs</u> I incur	to put my property back the way it was (aka PRE-LOSS CONDI-

5a. Can I choose the contractor to perform the needed repairs to my home?
Note: If you are told that they want you to use one of their "preferred vendors" or tell you that they can't "guarantee the work" if you don't use their "preferred vendor" ask them to put that in writing in an email and send it to you. (This behavior is called "steering" and it is not legal in most jurisdictions).
5b. Is there language in the policy that states I MUST use a "preferred vendor"? If so, have them send you that policy language in writing.
Note: You may also be told that if the insurance company's "preferred vendor" will perform the work for less — then you might be responsible for the difference. Third-party estimates paid for by the carrier are a clear <u>conflict of interest</u> as they are more concerned with mitigating theirs costs than returning your property to a pre-loss condition.
6. Is there anything you can tell me that will help to settle this claim?
7. When can I expect the first check (and how much will that be?)
8. What if that check is not enough to complete repairs?
9. ARE YOU AUTHORIZED TO SETTLE MY CLAIM?
ALL TOURS HORIZED TO SETTEE MIT GERMIN.

