APPRAISAL DEMAND

Insured Name: _____

Insurance Co.: _____

Claim Number: _____

Date of Loss: _____

Year/Make/Model: _____

There is a clear disagreement in the amount offered on the claim to the insured and the Actual Cash Value.

Please be advised, the insured on claim number above, is INVOKING APPRAISAL under the terms of the policy, naming JASON FARBIARZ as the insured's APPRAISER.

Appraiser Contact:

JASON FARBIARZ of National Appraisers, LLC
TEL: 888-967-6488
FAX: 866-734-3168
EMAIL: autodamageclaim@gmail.com

Please select an APPRAISER and provide the appraiser's contact information to Jason Farbiarz at the contact information above.

Please also provide the updated settlement breakdown to Jason Farbiarz upon receipt of a signed appraisal award or upon final settlement for his records.

Sincerely,

Insured Signature: _____

Date: _____

Insured Phone Number: _____

Insured Email: _____