

REQUEST FOR ASSISTANCE

DATE: _____

**Department of Insurance
Claims Services Bureau
300 S. Spring Street, South Tower
Los Angeles, CA 90099-5626**

We are fire survivors of the 2003 wildfires. We request your help with our insurance claim.

We had a **PARTIAL loss.** **TOTAL loss.**

REQUEST(S) FOR ASSISTANCE: (CHECK AT LEAST ONE BOX)

- UNDERINSURANCE on fire or homeowners insurance coverage(s)**
- ADDITIONAL LIVING EXPENSE** insufficient or too short
- ADJUSTER VIOLATION(S)** of Fair Claims Practices Act
- ADJUSTER** deals directly with our contractor without our permission or presence
- PRESSURE TO SETTLE** *before* loss has been fully determined
- EXCESSIVE DEPRECIATION** on dwelling and/or contents
- POLICY PREMIUM CHARGED** on dwelling after total loss
- POLICY NON-RENEWED**
- UNEQUAL TREATMENT** with same adjuster or same company
- OTHER** _____

Contact and policy information:

NAME: _____

Address: _____

City, Zip: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

LOSS ADDRESS: _____

Insurance company: _____

Policy Number: _____

Claim Number: _____

Thank for your help!

NAME

NAME