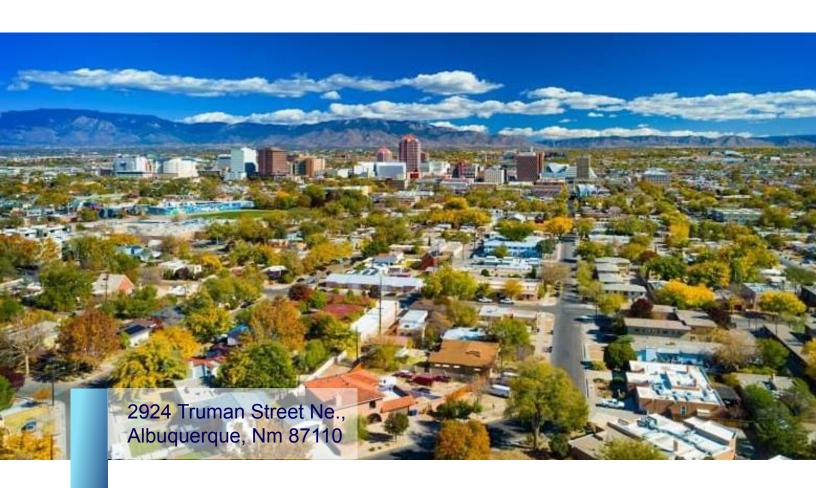
Request For A Certified Copy Of The Full Policy

Prepared For: Paul & Pat Willems

Monday 12:37 P.M.July 28, 2025



Helpwithmypolicy.Com
Licensed Public Adjuster
19552406 Joseph Valverde
HELP WITH MY POLICY COM

Formal Request for a Certified Copy of My Full Policy

Public Adjuster: HEL	<u>.PWITHMYPOLICY.COM</u>	- (NIPR# 19552408)	
Your Address:	4709 Brenda St NE		
City, State, Zip Code	Albuquerque	NM	87109
Phone Number:	(505) 948-0370		
Email Address:	ptwillems@yahoo.co	m	
Today's Date:	07/25/2025		
Insurance Company	USAA Name:		
Insurance Company	9800 Freder	ricksburg Road	
City, State, Zip Code	San Antonio	TX	78288-0001
Subject: Reques	st for Full Policy		
Dear Claims Departr	ment,		
I am writing to forma	lly request a certified cop	y of my full insurance	policy. My name is
o <u>r</u>	Paul	Willems	
regarding my policy with			, under policy number
	017657635-90A	1	. As the insured and potential
riders, endorsements		rages. I do not require	cluding all attachments, addendums, sample policies; I seek the full,
of their insurance poinsurers must furnish formally requesting to my authorized public the complete policy caccess to these policy.	licy within 3 business day in the policyholder with a hat you email a digital co c adjuster, within the next documents directly to my by documents is essential	ys via electronic delive nard copy of the full po py of my full policy to ' 3 business days. Addi residence at the addre I for the effective mana	to provide policyholders with a copy ry. Additionally, under § 59A-16-20, licy within 1 week of the request. I an *helpwithmypolicy@outlook.com**, tionally, please send a hard copy of ess listed above within 1 week. Timely agement of my potential claim. I ecceiving the requested information.
Sincerely, Signed at		07/25/202	5
Sign x	2025-07-25 13:46:53	Print x	Willems
	017657635-90A		
	3J7BM4JG9VKBH		

Paul J. Willems & Patricia Willems 4709 Brenda Street NE Albuquerque, NM 87109

Phone: (505) 417-2022

Email: ptwillems@yahoo.com, willems1012@gmail.com

July 28, 2025

To:

Claims Department
USAA – United Services Automobile Association
P.O. Box 65947
San Antonio, TX 78265-9947
Claims Administered by: Alacrity Solutions

RE: Claim Representation and Policy Request

Policy Number: 017657635-908 Claim Number: 017657635-806

Insured Property Address: 4709 Brenda Street NE, Albuquerque, NM 87109

To Whom It May Concern,

This letter serves as our formal notice of representation pursuant to the New Mexico Insurance Code §59A-13-4 and the licensing provisions governing public adjusters under §59A-11-1 et seq. As named insureds under the above-referenced homeowners policy, we are legally entitled to representation by a licensed Public Adjuster, whose authority derives from state statute and regulatory recognition. The policyholder's right to designate such representation is protected under New Mexico law, and the insurer and its agents must honor that designation throughout the claim lifecycle.

We hereby authorize Joseph Xavier Valverde, New Mexico Licensed Public Adjuster (#19552406), and principal of HelpWithMyPolicy.com, L.L.C., to act on our behalf in all matters relating to our property damage claim. This includes, but is not limited to, receiving and submitting documentation, coordinating inspections, communicating with carrier representatives, and engaging in settlement negotiations. Mr. Valverde's authority extends to all procedural, evidentiary, and statutory functions relevant to the adjudication and resolution of this claim. His representation shall remain in full effect until written revocation.

This designation must be recognized by all involved parties, including USAA (the insurer of record), and Alacrity Solutions (the acting third-party claims administrator). Any future correspondence, findings, or documentation must be directed to Mr. Valverde at joseph@helpwithmypolicy.com and claims@helpwithmypolicy.com, with Paul and Patricia Willems CC'd at ptwillems@yahoo.com and willems1012@gmail.com to preserve full transparency. Any deviation from this communication structure may constitute a violation of our rights under state law and hinder fair claims handling.

Please direct all future correspondence and documentation to the following primary addresses:

Principal Contact:

Email: joseph@helpwithmypolicy.com; claims@helpwithmypolicy.com

Phone: **(505) 301-1311** NIPR #: **19552406**

CC:

Paul J. Willems – ptwillems@yahoo.com Patricia Willems – willems1012@gmail.com

Additionally, we respectfully request a complete copy of our homeowners insurance policy, including the declarations page, jacket, endorsements, exclusions, and any applicable forms. This documentation is necessary for proper review and evaluation of coverage decisions.

Please confirm receipt of this letter and update your records accordingly. Thank you for your cooperation.

Sincerely,

Paul J. Willems
Patricia Willems
Named Insureds