

Request For A Certified Copy Of The Full Policy

Prepared For: Paul & Pat Willems

Monday 12:37 P.M.

July 28, 2025

2924 Truman Street Ne.,
Albuquerque, Nm 87110

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: HELPWITHMYPOLICY.COM - (NIPR# 19552408)

Your Address: 4709 Brenda St NE

City, State, Zip Code: Albuquerque NM 87109

Phone Number: (505) 948-0370

Email Address: ptwillems@yahoo.com

Today's Date: 07/25/2025

Insurance Company Name: USAA

Insurance Company Address: 9800 Fredericksburg Road

City, State, Zip Code: San Antonio TX 78288-0001

Subject: Request for Full Policy

Dear Claims Department,

I am writing to formally request a certified copy of my full insurance policy. My name is

Paul Willems,

regarding my policy with USAA, under policy number

017657635-90A. As the insured and potential claimant, I am entitled to a complete copy of my insurance policy, including all attachments, addendums, riders, endorsements, and any umbrella coverages. I do not require sample policies; I seek the full, certified insurance policy tailored to my specific information.

Pursuant to New Mexico Statute § 59A-18-12, insurers are required to provide policyholders with a copy of their insurance policy within 3 business days via electronic delivery. Additionally, under § 59A-16-20, insurers must furnish the policyholder with a hard copy of the full policy within 1 week of the request. I am formally requesting that you email a digital copy of my full policy to **helpwithmypolicy@outlook.com**, my authorized public adjuster, within the next 3 business days. Additionally, please send a hard copy of the complete policy documents directly to my residence at the address listed above within 1 week. Timely access to these policy documents is essential for the effective management of my potential claim. I appreciate your prompt attention to this matter and look forward to receiving the requested information.

Sincerely,

 Signed at
2025-07-25 13:46:53

07/25/2025

Sign x

Print x

Paul

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