



## **Formal Request for Certified Policy Copy**

Public Adjuster: [HELPWITHMYPOLICY.COM](http://HELPWITHMYPOLICY.COM) – NIPR #19552408  
Request Initiated By (Policyholder Name): Alex Cordova and Briana Cordova  
Insured Property Address: 1521 20th AVE SE Rio Rancho, NM 87124  
Mailing Address (if different):  
Phone Number: (505) 319-3928  
Email Address: alexc5053@yahoo.com  
Date of Request: 08/01/2025

Insurance Company Name: State Farm  
Insurance Company Address: 2500 central Ave SW Suite B100 Albuquerque NM 87104  
Claim Number (if available): 3188K996B  
Policy Number (if available): 31BRJ6447

---

To the Claims and Policy Services Department,

I, the undersigned named insured, hereby issue a formal demand for the **certified** copy of the complete insurance policy issued in my name and covering the property listed above. This documentation is required to ensure full transparency of contractual obligations, coverage limits, and claims-handling procedures.

**This request is made pursuant to the [New Mexico Insurance Code](#), including but not limited to:**

- **NMSA 1978 § 59A-18-29**, which affirms the policyholder's right to access policy materials
- **NMAC 13.4.2.8(C)**, which requires insurers to maintain and furnish complete policy documentation upon request
- **NMSA 1978 § 59A-16-20(A)**, prohibiting unfair claims practices, including failure to promptly provide requested information

**The scope of this request includes, without limitation:**

- Complete Declarations Page
- All insuring agreements, coverage forms, and endorsements
- Addendums, riders, exclusions, and any umbrella or excess coverage provisions
- Notices of coverage limitations, special conditions, or reduced scope
- Underwriting memoranda and internal approval documentation
- All carrier claim file materials used to determine coverage applicability
- Internal claim file notes and adjuster determinations impacting coverage or eligibility



I am not requesting sample or template language. This is an official request for the **specific, certified policy contract** issued to me—including all endorsements, exclusions, coverage schedules, and administrative documentation—as maintained in your underwriting and claim files.

**Pursuant to NMSA 1978 § 59A-18-29**, I am entitled to receive a complete copy of my issued policy. **Under NMAC 13.4.2.8(C)**, insurers must maintain and furnish accurate, full policy documentation upon request. **Additionally, NMSA 1978 § 59A-16-20(A)** prohibits delay or failure to provide requested materials as part of fair claims handling.

This is a non-negotiable, time-bound full policy disclosure request for **both delivery formats**:

- **Digital Copy** of the full policy—including all pages, endorsements, and declarations—must be emailed to the authorized public adjuster within **three (3) business days** of this written request.

**Email recipients:**

- [claims@helpwithmypolicy.com](mailto:claims@helpwithmypolicy.com)
  - [joseph@helpwithmypolicy.com](mailto:joseph@helpwithmypolicy.com)
  - Cc: alexc5053@yahoo.com
- 
- **Hard Copy** must be physically mailed within **seven (7) calendar days** to the following address:
    - **Recipient Name:** Alex Cordova and Briana Cordova
    - **Mailing Address:** 1521 20th AVE SE Rio Rancho, NM 87124

Failure to comply with either delivery format or timeline may constitute a procedural violation subject to complaint escalation with the **Office of Superintendent of Insurance (OSI)**.

Access to this documentation is required for proper claim handling, regulatory compliance, and potential dispute resolution. Failure to furnish a complete certified copy may constitute a procedural violation.

Sincerely,

Signed at:  
2025-08-23 09:28:47

**Policyholder Signature:** \_\_\_\_\_  
**Printed Name:** Alex Cordova and Briana Cordova  
**Date Signed:** 08/01/2025  
31BRJ6447

---

## Designation of Representation and Authorization to Act

Policyholder Name: Alex Cordova and Briana Cordova  
Insured Property Address: 1521 20th AVE SE Rio Rancho, NM 87124  
Policy Number: 31BRJ6447  
Insurance Carrier Name: State Farm  
Date of Authorization: 08/01/2025

### STATEMENT OF AUTHORIZATION

I hereby appoint [HELPWITHMYPOLICY.COM](https://helpwithmypolicy.com), operating under NIPR #19552408 and represented by **Licensed Public Adjuster Joseph Xavier Valverde (#1955-2406)**, as my authorized statutory representative and advocate for all claim and policy matters pertaining to the insurance coverage referenced above.

### This appointment includes the following delegated authorities:

- **Policy Access and Retrieval** – Request and receive my complete policy documentation from the carrier
- **Claim Advocacy** – Prepare, submit, and escalate claim documentation as necessary
- **Carrier Correspondence** – Engage directly with carrier adjusters, representatives, and administrative departments
- **Regulatory Intervention** – File complaints or intervene procedurally with regulatory agencies in cases of delay, denial, retaliation, or cancellation

I authorize the release of my policy documents, claim files, correspondence, underwriting notes, and any associated materials to Mr. Valverde and his designated firm personnel. All communications may be directed to:

### Authorized Emails:

- [claims@helpwithmypolicy.com](mailto:claims@helpwithmypolicy.com)
- [joseph@helpwithmypolicy.com](mailto:joseph@helpwithmypolicy.com)

This authorization shall remain in effect unless rescinded in writing by the undersigned. Any attempts to withhold documentation from my representative will be considered a breach of procedural obligations.

 Signed at:  
2025-08-23 09:28:47

Policyholder Signature: \_\_\_\_\_  
Printed Name: Alex Cordova and Briana Cordova  
Date Signed: 08/01/2025

---