

**CARRIER NAME**

CARRIER

ADDRESS

**Date:** 03/24/2023

**Re.:** Via: US Mail  
Claim #: 85998367-09  
Insured: Jane Doe  
Date of Loss: 08/29/21

**To Whom It May Concern:**

Please accept this letter as my intention to invoke the appraisal process as afforded under my policy issued by *CARRIER NAME*.

As our professional appraiser for this above-mentioned matter, I do hereby designate:

**Mr. Scott Scariano**

Telephone: 504-343-4210

Email: propertyimagingexperts@gmail.com

Accordingly, please designate your Appraiser within the time frame as described within the Appraisal provisions (**20 calendar days from receipt of this letter**) and have him/her contact **Mr. Scariano** to proceed according to the Appraisal provisions of the policy.

*Jane Doe*

Insured Policyholder

CARRIER NAME  
CARRIER  
ADDRESS

**Mr. Chris P. Bacon**  
112 Applewood Blvd.  
Flavortown, WI 29447

**March 24, 2023**

## **Demand for Appraisal**

### **To Whom It May Concern:**

I, Chris P. Bacon, am writing this letter in dispute of CARRIER NAME'S claim settlement for our loss at 112 Applewood Blvd. As such, we are demanding that CARRIER NAME invokes the process of Appraisal as afforded within our policy:

#### **Claim Details:**

- Insured: Chris P. Bacon
- Claim Number.: 42-887463820
- Date of Loss (DOL): 01/14/23

We hereby appoint the below insurance Appraiser:

**Mr. Scott Scariano**  
**Email**: propertyimagingexperts@gmail.com  
**Phone**.: 504-343-4210

As mandated within our policy, please name a licensed Appraiser within **20 calendar days of receipt of this certified letter** (approx. deadline: April 16, 2023).

Please have your named Appraiser contact **Mr. Scariano** once assigned so we may proceed with the process of Appraisal.

*Thank you for your time!*

*Chris P. Bacon*

**Chris P. Bacon**  
Insured Homeowner

**CARRIER NAME**  
**CARRIER**  
**ADDRESS**

**Date:** March 24, 2023

**Subject Matter:** Demand for Appraisal

**Policyholder:** John Doe

**Claim No.:** 8857738762

**Date of Loss:** April 12, 2022

***CARRIER NAME:***

In writing this letter, we [the policyholders] are establishing disagreement in your valuation of our loss, and we are hereby exercising our right to a fair Appraisal as provided in our policy with *CARRIER NAME*.

As our state-licensed Appraiser, we hereby name:

**Mr. Scott Scariano**

**Email:** propertyimagingexperts@gmail.com

**Tel.:** (504) 343-4210

As per the terms of our policy, please appoint a licensed Appraiser by the deadline mandated: **20 calendar days beyond the date of receipt of this USPS Certified letter.**

We request that you please instruct your Appraiser to reach out to **Mr. Scariano** to proceed according to the Appraisal provisions of our policy.

*Thank you for your timely response,*

*John Doe*

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**John Doe**

Homeowner/Policyholder

March 24, 2023