

Selita

From: Lawson Thompson - Frontier Adjusters <lthompson@frontieradjusters.com>
Sent: Thursday, August 24, 2017 3:57 PM
To: Selita Boyd
Subject: Frontier Adjusters - Your Claim #: 15F05F025848, DOL: 02/12/2017, Insured: Servpro of Stone Mountain/Clarkston, Our File #: FA-272-291-1157
Attachments: Boyd, Selita ServPro of St Mountain & Authorization Form Aug 24 2017.pdf

The attachment is from Lawson.

Thank you!

Carlene Jones

Frontier Adjusters Atlanta

Sincerely,

Lawson

Lawson Thompson, CPCU
Frontier Adjusters of Atlanta/Decatur
P. O. Box 680364
Marietta Ga 30068
770-951-0044 F: 770-951-0046

This communication is confidential and may be privileged and is directed to the herein named addressee only.



Frontier Adjusters of Atlanta/Decatur, GA

P.O. Box 680364

Marietta, GA 30068-0007

(770) 951-0044

(770) 951-0046

Decatur@frontieradjusters.com

Lawson Thompson, CPCU

August 24, 2017

Ms. Selita Boyd

TRANSMITTED BY E-MAIL: selitab45@gmail.com

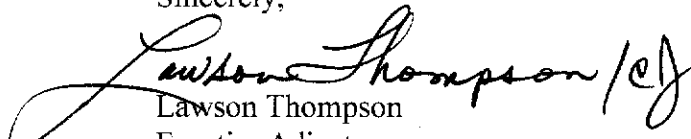
RE: Insured: ServPro of Stone Mountain
Claim #: 15F05F025848
Date of Loss: 2/5/15

Dear Ms. Boyd:

I have reported to the insurer regarding your case. I've been requested to obtain copies of the claims files on your other case from those insurers. In that regard, we need the attached authorization executed and witnessed so that the insurers will transmit the information to us. Would you please complete the document, executed at the bottom and have it witnessed. If you will please return it to us we will order those files from your insurers, whom I understand to be Liberty Mutual Insurance Company, Farmers Insurance Company, and Hartford Insurance Company. If there are other insurers involved, I would appreciate your identifying them.

Also, the company would like for me to inspect the area where the damage occurred, take some dimensions and photos. Would you please advise a time when that might be convenient. We hope to hear from you soon. Thank you for your attention in this matter.

Sincerely,


Lawson Thompson
Frontier Adjusters

LT/cj

Attachment

AUTHORIZATON

This is to authorize _____, my
hazard insurance carrier, to release and transmit any and all information and documentation
regarding insurance claim(s) made by _____
for property damage and loss of use due to water damage mold, and any other peril at 6841
Cavalier Court, Stone Mountain, Georgia on or about February 4, 2015 through June 1, 2015.
Said materials should be released to Frontier Adjusters and/or Cannon Cochran Management
Services, Inc.

Signed this _____ day of _____ 2017.

Witness

Selita Boyd, Homeowner
Owner: Raging Sky
Owner: Onravel