

# InsuranceBusters.net

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Corporate Office  
4008 Broadway Street  
Galveston, TX 77550  
877-41-2BUST Toll Free  
409-539-5188 Phone  
409-539-5184 Facsimile  
Email: [info@insurancebusters.net](mailto:info@insurancebusters.net)  
Website: [www.insurancebusters.net](http://www.insurancebusters.net)

## NOTICE TO INSURANCE COMPANY

InsuranceBusters.net or their representative is hereby retained to advise and assist in the adjustment of the insurance claim arising from loss by \_\_\_\_\_ which occurred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The insured, \_\_\_\_\_ Claim# \_\_\_\_\_, located at \_\_\_\_\_, OK \_\_\_\_\_, agrees to pay for such services upon payment of the claim by the insurance company in settlement of this loss and necessary expenses. The insured also authorizes InsuranceBusters.net to receive all information pertaining to this claim including policy, claim check and all pertinent information. Send notice of acknowledgement via fax or mail to InsuranceBusters.net. You are hereby requested to provide InsuranceBusters.net, with a copy of all pertinent information on this claim.

The insured authorizes and directs the insurer to include InsuranceBusters.net, in addition to the insured's name on all drafts or checks pertaining to this claim.

Final scope and copy of all final paperwork will need to be sent to InsuranceBusters.net as well.

The insured acknowledges receipt of a copy of the Public Adjusters Contract.

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Public Adjuster: \_\_\_\_\_ Date: \_\_\_\_\_