

BrightHive Solutions, LLC 7501 E McDowell Rd #3201 Scottsdale, AZ 85257 (602) 842-1858

LETTER OF REPRESENTATION

Insured: Matthew Johnson	Insured:	
Loss Address: 1234 E Main St. Kingston	NY 12401	
Date of Loss: 07/07/2023	Cause of Loss: Wind	
Insurance Company: State Farm	Policy Number: 00-00A0-00)B
Claim Number: 00-00C0-00D		
	of BrightHive Solutions, LLC (the PA) to provide repart occurred at the address of loss specified above	
public adjuster as if they were themselves the include the name of the Public Adjuster com	ier to communicate directly with and provide info e insured. The Insured further authorizes and rec pany, BrightHive Solutions, LLC, as an additional p n shall remain in full force and effect unless revok	quests that the Insurer payee on all payments related
recovered regardless of whether the loss is s policy as a result of adjustment, mediation, a the referenced policy or any other applicable	ent equal to 13 % of the gross amount of the collectiled or paid by the insurance company or by reappraisal, arbitration, lawsuit or otherwise, on all policy, including, without limitation, claims for be "PA fee"). If no recovery is made, the insured with	ason of the above referenced coverage applicable under ad faith and extra contractual
any other experts as may be deemed necess reimbursed to the PA. The Insured must consunderstands that it is responsible to pay the anyone else, including but not limited to mo parties, of any kind, or any other individual or responsible to timely obtain any and all more	the professional services of appraisers, umpires, ary by the PA. Any costs associated with said clair sent to the Cost prior to the PA hiring said profess PA its fee, out of any and all insurance proceeds, rtgage companies, insurance companies, lenders, or corporations. The Insured hereby agrees that the tgage endorsements necessary of said payments/be obligated to conform to mortgage company rest pocket reimbursements.	ns recovery will be ional(s). The Insured prior to any payment to creditors, or any third ne Insured is solely checks so as to release
_	nade no guarantees regarding the dispositions or note that the PA are the opinion of the PA based contion given to the PA is true and accurate.	· · · · ·
Insured: Matthew Johnson	Insured's signature: Mathew &	Date: 07/18/23
Insured:	Insured's signature:	Date:
PA's Name: Marko Stoiic	PA's Sionature:	Date: