



Claim Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

A Pro Roofing and Construction  
114 N Ellison  
Suite 126  
San Antonio TX 78251

To Whom It May Concern,

I, \_\_\_\_\_, authorize A Pro Roofing and Construction to speak to or converse with any person or persons that work for my insurance company regarding my claim including but not limited to dollar amounts, dates of released checks and future dates that checks may be released and any information pertaining to my claim to any personal working for A Pro Roofing and Construction.

I appreciate your cooperation in this matter.

Sincerely,

Sign here \_\_\_\_\_