

[Sample Letter Requesting Full Benefits Payout \(Total Wildfire Loss\)](#)

NOTE: The sample letter below must be customized to the facts of your individual situation and claim. **All portions that are in parentheses and/or underlined must be completed or revised and anything in italics should be removed before you send it.** ([PRINT THIS SAMPLE LETTER AS A PDF](#))

(Date)

(Name of adjuster or highest ranking ins. co. employee)

(Name of insurance co.)

(Address)

Re: Claim Number: _____

Date of Loss: _____

Name of Insured: _____

Address of Insured Property: _____

Dear _____,

I'm writing about my homeowner's insurance claim for my home and possessions that were completely destroyed in a wildfire on [date of loss]. As you know from the documentation I've provided and your company has secured, my home and everything in it is a total loss.

Since my home and possessions are all gone, and there's no question about the *cause* of the destruction, I'm asking your company to issue payment for the full amount of the insurance coverage we purchased:

Dwelling Coverage: The full \$[amount], plus any extended replacement cost and building code upgrade coverage that my policy includes.

The information presented in this publication is for general informational purposes and is not a substitute for legal advice. If you have a specific legal issue or problem, United Policyholders recommends that you consult with an attorney. Guidance on hiring professional help can be found in the "Find Help" section of www.uphelp.org. United Policyholders does not sell insurance or certify, endorse or warrant any of the insurance products, vendors, or professionals identified on our website.

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April 3, 2025



Other Structures: The full \$[amount] for my destroyed garage, shed, and other structures on the property.

Personal Property: The full \$[amount] for all my belongings lost in the fire.

Debris Removal: The maximum amount my policy allows for clearing the property.

Landscaping: The maximum available benefits for replacing destroyed trees and plants.

Loss of Use/Additional Living Expenses (Coverage D): Please confirm the full \$[amount] of benefits available in my policy for the expenses I'm incurring due to having lost the use of my home.

This is an incredibly difficult time for me [and my family], and receiving these funds without delay will help me[us] start rebuilding and move forward despite the trauma. I will appreciate hearing back from you within 15 business days, as required by California regulations. If you need anything else from me, please let me know.

Thanks for your help during this challenging time.

Sincerely,

(Your Signature)

(Your Printed Name)

cc: (Your Insurance Agent's Name)

California Department of Insurance (if applicable)

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