

APPRAISAL REQUEST FORM

Only use this form if you disagree with your amount of loss and you're requesting the formal appraisal process. Not sure? Call 800-788-8247 before filling out this form.

Please sign and date the form below to request an appraisal.

NAME: _____

CLAIM NUMBER: _____

POLICYHOLDER SIGNATURE: _____

DATE: _____

OPTIONAL: Please provide any information you would like us to consider, and what you see as a reasonable outcome of the resolution.

Please return this form to TWIA by mail or email:

MAIL

Attn. Appraisal Request
P.O. Box 99090
Austin, TX 78709-9090

EMAIL

claims@twia.org

Texas Windstorm Insurance Association

PO Box 99090 Austin, TX 78709-9090
(800) 788-8247 | www.twia.org