

Insurer:	ALLSTATE
Insured:	[REDACTED]
Date of Loss:	2/22/2022
Policy #:	[REDACTED]
Claim #:	[REDACTED]
Loss Location:	[REDACTED]

(The above referenced information is hereby collectively referred to as the "claim.")

AGREEMENT AWARD

We the undersigned, pursuant to our appointment, DO HEREBY CERTIFY that we have mutually, conscientiously, and impartially performed the duties assigned us in accordance with the appraisal provision of the policy, and have appraised and determined, and do hereby Award, as to the amount of loss due to the above named Insured for the Claim specified above, the following sums to wit:

Coverage Type	Replacement Cost	Actual Cash Value
Dwelling:	\$18,830.07	\$12,800.04
Other Structures:	\$2,478.24	\$1,282.29
Contents:	NOT APPRAISED	NOT APPRAISED
Ordinance & Law:	NOT APPRAISED	NOT APPRAISED
Total Amount of Loss	\$21,308.31	\$14,082.33

Clarification if any:

- 1) **This Award is intended to address valuation of costs as outlined in the appraisal provision of the policy and should not be interpreted or used as an Award or opinion regarding coverage under the policy. No such Award or opinion is implied or intended.**
- 2) **The enclosed 'Addendum A - Award Detail' is considered an integral part of the appraisal award documentation.**

The above Award is a comprehensive Award and the application or deduction of any prior payments, deductible obligations, co-insurance contributions, or any other terms and/or conditions of the insurance policy are the responsibility of the Insurer.

The deliberations of the Appraisal panel are confidential and, to the fullest extent permitted by law, are exempt from depositions or suit in the event that the award is challenged, or a bad faith claim is filed.

<i>Appraiser for the Insured</i>	X	
	Andrew Bruce	<i>Date</i>
<i>Appraiser for the Insurer</i>	X [REDACTED]	07/20/2023
	Antonio Holmes	<i>Date</i>
<i>Umpire</i>	X [REDACTED]	7/17/2023
	T [REDACTED]	<i>Date</i>