



**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360**  
O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 | [info@strongclaims.com](mailto:info@strongclaims.com)

**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

The Insured(s) PEPPERTREE BAY CONDO ASSN INC retain Strategic Claim Consultants to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage: Hurricane Helene caused by Flood that occurred on September 27, 2024.

Claim # \_\_\_\_\_

Loss Address: 1108-1114 Peppertree CT, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_  
Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

**NEW CLAIM or DENIAL:**

**SERVICES AGREEMENT  
NO RECOVERY, NO FEE**

Insured agrees to pay and assigns to SCC, LLC for its services, upon settlement and payment of claim, a fee of 8 (%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Carrier.

**SUPPLEMENTS:**

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If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received.



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**NOTICE:** A public insurance adjuster may not participate directly or indirectly in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the public insurance adjuster or engage in any other activities that may reasonably be construed as presenting a conflict of interest, including soliciting or accepting and remuneration from, or having a financial interest in, any salvage firm, repair firm, or other firm that obtains business in connection with any claim the public adjuster has a contract or agreement to adjust.

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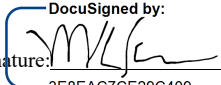
Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 clock

Insured Signature: Mark G. Schuller President

Insured Signature:  3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY

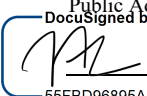
Insured Date and Place of Birth:  
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Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
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Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

Public Adjuster Signature:  55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898



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MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

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(PHYSICAL LOCATION)

1152156458

POLICY NUMBER

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BUSINESS ADDRESS CITY/STATE/ZIP CODE

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PHONE NUMBER

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**You, the insured, may cancel this contract for any reason without penalty or obligation to you within 3 days after the date of this contract by providing notice to Strategic submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof thereof, at the address specified in the contract.**





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Claim # \_\_\_\_\_

Loss Address: 1128-1142 W Peppertree LN, Sarasota, FL 34242

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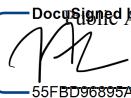
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Wright Flood

INSURANCE COMPANY

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(PHYSICAL LOCATION)

1152146454

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Claim # \_\_\_\_\_

Loss Address: 1139-1153 W Peppertree Dr, Sarasota, FL 34242

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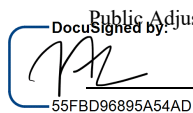
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Insured Phone Number:  
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Insured Phone Number:  
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Public Adjuster Signature:  
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Public Adjuster Name:  
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mschuller56@gmail.com

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Claim # \_\_\_\_\_

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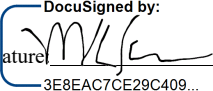
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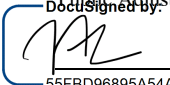
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mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156452

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

(281) 605-5727

WEBSITE

www.strategicclaimconsultants.com

EMAIL ADDRESS: [info@strongclaims.com](mailto:info@strongclaims.com)



**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360**

O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |

[info@strongclaims.com](mailto:info@strongclaims.com)

**Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insured, prepares, present or causes to be presented a proof of loss or estimate of cost of repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s.775.082, s.775.803, or s.775.084, Florida Statutes.**

**You, the insured, may cancel this contract for any reason without penalty or obligation to you within 3 days after the date of this contract by providing notice to Strategic submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof thereof, at the address specified in the contract.**





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**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

The Insured(s) PEPPERTREE BAY CONDO ASSN INC retain Strategic Claim Consultants to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage: Hurricane Helene caused by Flood that occurred on September 27, 2024.

Claim # \_\_\_\_\_

Loss Address: 1155-1169 W Peppertree Dr, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_ Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

**NEW CLAIM or DENIAL:**

**SERVICES AGREEMENT**

**NO RECOVERY, NO FEE**

Insured agrees to pay and assigns to SCC, LLC for its services, upon settlement and payment of claim, a fee of 8 (%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Carrier.

**SUPPLEMENTS:**

Insured agrees to pay SCC for its services, upon settlement and payment of claim, a fee of 8 % percent of the amount adjusted above and beyond the undisputed claim amount of \_\_\_\_\_, previous payments and/or any funds agreed to but not released prior to the date of this contract.

If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received.



**STRATEGIC CLAIM  
CONSULTANTS**

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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 | [info@strongclaims.com](mailto:info@strongclaims.com)

Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I, we, the insured also authorize that SCC must be included on all drafts, checks, correspondence pertaining to this loss and mailed directly to **SCC at 3050 Amwiler Road, Suite 200B, Atlanta, GA 30360**. This endorsement shall apply to (my/our) mortgagees, successors, assigns and heirs.

**NOTICE:** A public insurance adjuster may not participate directly or indirectly in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the public insurance adjuster or engage in any other activities that may reasonably be construed as presenting a conflict of interest, including soliciting or accepting and remuneration from, or having a financial interest in, any salvage firm, repair firm, or other firm that obtains business in connection with any claim the public adjuster has a contract or agreement to adjust.

**NOTICE: THE INSURED MAY CANCEL THIS CONTRACT BY WRITTEN NOTICE TO THE PUBLIC INSURANCE ADJUSTER WITHIN 10 DAYS OF SIGNATURE FOR ANY REASON.**

**WE REPRESENT THE INSURED ONLY.**

**YOU ARE ENTERING INTO A SERVICE CONTRACT. YOU ARE BEING CHARGED A FEE FOR THIS SERVICE. YOU DO NOT HAVE TO ENTER INTO THIS CONTRACT TO MAKE A CLAIM FOR LOSS OR DAMAGE ON A POLICY OF INSURANCE.**

**SIGNATORY PAGE TO FOLLOW**



# STRATEGIC CLAIM CONSULTANTS

3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360

O: 404-902-6017 - 844-701-9995 Fax: 404-481-2451 | [info@stronqclaims.com](mailto:info@stronqclaims.com)

Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 o'clock

Insured Signature: Mark G. Schuller President

Insured Signature:   
3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY


Insured Date and Place of Birth:  
\_\_\_\_\_

Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

Public Adjuster Signature:   
55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898



**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B| Atlanta, GA 30360**  
O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |  
[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

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MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

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PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156451

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

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CONSULTANTS**

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**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

The Insured(s) PEPPERTREE BAY CONDO ASSN INC retain Strategic Claim Consultants to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage: Hurricane Helene caused by Flood that occurred on September 27, 2024.

Claim # \_\_\_\_\_

Loss Address: 1162-1168 W Peppertree Dr, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_  
Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

**NEW CLAIM or DENIAL:**

**SERVICES AGREEMENT**

**NO RECOVERY, NO FEE**

Insured agrees to pay and assigns to SCC, LLC for its services, upon settlement and payment of claim, a fee of 8 (%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Carrier.

**SUPPLEMENTS:**

Insured agrees to pay SCC for its services, upon settlement and payment of claim, a fee of 8 % percent of the amount adjusted above and beyond the undisputed claim amount of \_\_\_\_\_, previous payments and/or any funds agreed to but not released prior to the date of this contract.

If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received.



**STRATEGIC CLAIM  
CONSULTANTS**

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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 | [info@strongclaims.com](mailto:info@strongclaims.com)

Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I, we, the insured also authorize that SCC must be included on all drafts, checks, correspondence pertaining to this loss and mailed directly to **SCC at 3050 Amwiler Road, Suite 200B, Atlanta, GA 30360**. This endorsement shall apply to (my/our) mortgagees, successors, assigns and heirs.

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**SIGNATORY PAGE TO FOLLOW**



# STRATEGIC CLAIM CONSULTANTS

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O: 404-902-6017 - 844-701-9995 Fax: 404-481-2451 | [info@stronqclaims.com](mailto:info@stronqclaims.com)

Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 o'clock

Insured Signature: Mark G. Schuller President

DocuSigned by:  
Insured Signature:   
3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY

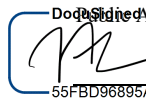
Insured Date and Place of Birth:  
\_\_\_\_\_

Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

DocuSigned by:  
Public Adjuster Signature:   
55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898



**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B| Atlanta, GA 30360**

O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |

[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156450

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

(281) 605-5727

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**STRATEGIC CLAIM  
CONSULTANTS**

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**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

The Insured(s) PEPPERTREE BAY CONDO ASSN INC retain Strategic Claim Consultants to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage: Hurricane Helene caused by Flood that occurred on September 27, 2024.

Claim # \_\_\_\_\_

Loss Address: 6008-6010 W Peppertree Way, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_  
Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

**NEW CLAIM or DENIAL:**

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Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

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**SIGNATORY PAGE TO FOLLOW**





# STRATEGIC CLAIM CONSULTANTS

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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 | [info@stronqclaims.com](mailto:info@stronqclaims.com)

Agent's License Number: W559898


Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 o'clock

Insured Signature: Mark G. Schuller President

DocuSigned by:  
Insured Signature:   
3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY


Insured Date and Place of Birth:  
\_\_\_\_\_

Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

DocuSigned by:  
  
55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898



**STRATEGIC CLAIM  
CONSULTANTS**

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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |  
[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156461

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

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Agent’s License Number: W 559898

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Date: 10/3/2024

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Claim # \_\_\_\_\_

Loss Address: 6011-6023 W Peppertree Way, Sarasota, FL 34242

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Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

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MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156460

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

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FAX NUMBER

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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |

[info@strongclaims.com](mailto:info@strongclaims.com)

**Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insured, prepares, present or causes to be presented a proof of loss or estimate of cost of repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s.775.082, s.775.803, or s.775.084, Florida Statutes.**

**You, the insured, may cancel this contract for any reason without penalty or obligation to you within 3 days after the date of this contract by providing notice to Strategic submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof thereof, at the address specified in the contract.**







**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360**  
O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 | [info@strongclaims.com](mailto:info@strongclaims.com)

**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

The Insured(s) PEPPERTREE BAY CONDO ASSN INC retain Strategic Claim Consultants to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage: Hurricane Helene caused by Flood that occurred on September 27, 2024.

Claim # \_\_\_\_\_

Loss Address: 6012-6018 W Peppertree Way, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_ Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

**NEW CLAIM or DENIAL:**

**SERVICES AGREEMENT  
NO RECOVERY, NO FEE**

Insured agrees to pay and assigns to SCC, LLC for its services, upon settlement and payment of claim, a fee of 8 (%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Carrier.

**SUPPLEMENTS:**

Insured agrees to pay SCC for its services, upon settlement and payment of claim, a fee of 8 % percent of the amount adjusted above and beyond the undisputed claim amount of \_\_\_\_\_, previous payments and/or any funds agreed to but not released prior to the date of this contract.

If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received.



**STRATEGIC CLAIM  
CONSULTANTS**

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Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I, we, the insured also authorize that SCC must be included on all drafts, checks, correspondence pertaining to this loss and mailed directly to **SCC at 3050 Amwiler Road, Suite 200B, Atlanta, GA 30360**. This endorsement shall apply to (my/our) mortgagees, successors, assigns and heirs.

**NOTICE:** A public insurance adjuster may not participate directly or indirectly in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the public insurance adjuster or engage in any other activities that may reasonably be construed as presenting a conflict of interest, including soliciting or accepting and remuneration from, or having a financial interest in, any salvage firm, repair firm, or other firm that obtains business in connection with any claim the public adjuster has a contract or agreement to adjust.

**NOTICE: THE INSURED MAY CANCEL THIS CONTRACT BY WRITTEN NOTICE TO THE PUBLIC INSURANCE ADJUSTER WITHIN 10 DAYS OF SIGNATURE FOR ANY REASON.**

**WE REPRESENT THE INSURED ONLY.**

**YOU ARE ENTERING INTO A SERVICE CONTRACT. YOU ARE BEING CHARGED A FEE FOR THIS SERVICE. YOU DO NOT HAVE TO ENTER INTO THIS CONTRACT TO MAKE A CLAIM FOR LOSS OR DAMAGE ON A POLICY OF INSURANCE.**

**SIGNATORY PAGE TO FOLLOW**



# STRATEGIC CLAIM CONSULTANTS

3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360  
O: 404-902-6017 - 844-701-9995 Fax: 404-481-2451 | [info@stronqclaims.com](mailto:info@stronqclaims.com)

Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 o'clock

Insured Signature: Mark G. Schuller President

DocuSigned by:  
Insured Signature:   
3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY

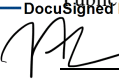
Insured Date and Place of Birth:  
\_\_\_\_\_

Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

DocuSigned by:  
Public Adjuster Signature:   
55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898



**STRATEGIC CLAIM  
CONSULTANTS**

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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |  
[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156459

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

(281) 605-5727

WEBSITE

www.strategicclaimconsultants.com

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**STRATEGIC CLAIM  
CONSULTANTS**

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**STRATEGIC CLAIM  
CONSULTANTS**

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**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

The Insured(s) PEPPERTREE BAY CONDO ASSN INC retain Strategic Claim Consultants to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage: Hurricane Helene caused by Flood that occurred on September 27, 2024.

Claim # \_\_\_\_\_

Loss Address: 6020-6022 W Peppertree Way, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_ Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

**NEW CLAIM or DENIAL:**

**SERVICES AGREEMENT  
NO RECOVERY, NO FEE**

Insured agrees to pay and assigns to SCC, LLC for its services, upon settlement and payment of claim, a fee of 8 (%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Carrier.

**SUPPLEMENTS:**

Insured agrees to pay SCC for its services, upon settlement and payment of claim, a fee of 8 % percent of the amount adjusted above and beyond the undisputed claim amount of \_\_\_\_\_, previous payments and/or any funds agreed to but not released prior to the date of this contract.

If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received.



**STRATEGIC CLAIM  
CONSULTANTS**

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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 | [info@strongclaims.com](mailto:info@strongclaims.com)

Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I, we, the insured also authorize that SCC must be included on all drafts, checks, correspondence pertaining to this loss and mailed directly to **SCC at 3050 Amwiler Road, Suite 200B, Atlanta, GA 30360**. This endorsement shall apply to (my/our) mortgagees, successors, assigns and heirs.

**NOTICE:** A public insurance adjuster may not participate directly or indirectly in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the public insurance adjuster or engage in any other activities that may reasonably be construed as presenting a conflict of interest, including soliciting or accepting and remuneration from, or having a financial interest in, any salvage firm, repair firm, or other firm that obtains business in connection with any claim the public adjuster has a contract or agreement to adjust.

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**SIGNATORY PAGE TO FOLLOW**



# STRATEGIC CLAIM CONSULTANTS

3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360

O: 404-902-6017 - 844-701-9995 Fax: 404-481-2451 | [info@stronqclaims.com](mailto:info@stronqclaims.com)

Agent's License Number: W559898

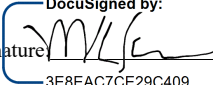
Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 clock

Insured Signature: Mark G. Schuller President

Insured Signature:  3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY

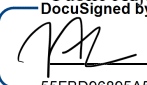
Insured Date and Place of Birth:  
\_\_\_\_\_

Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

Public Adjuster Signature:  
 55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898





**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B| Atlanta, GA 30360**

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[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156445

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

(281) 605-5727

WEBSITE

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EMAIL ADDRESS: [info@strongclaims.com](mailto:info@strongclaims.com)



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CONSULTANTS**

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**STRATEGIC CLAIM  
CONSULTANTS**

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**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

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Claim # \_\_\_\_\_

Loss Address: 6042-6044 W Peppertree Way, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_  
Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

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If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received.



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Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

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**SIGNATORY PAGE TO FOLLOW**



# STRATEGIC CLAIM CONSULTANTS

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O: 404-902-6017 - 844-701-9995 Fax: 404-481-2451 | [info@stronqclaims.com](mailto:info@stronqclaims.com)

Agent's License Number: W559898

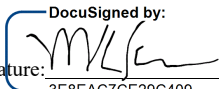
Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 clock

Insured Signature: Mark G. Schuller President

Insured Signature:  3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY

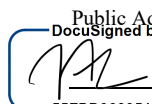
Insured Date and Place of Birth:  
\_\_\_\_\_

Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

Public Adjuster Signature:  55FBD96895A54AD...

Public Adjuster Name:

Jay Kramer

Public Adjuster License Number: W559898



**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B| Atlanta, GA 30360**

O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |

[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156473

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

(281) 605-5727

WEBSITE

www.strategicclaimconsultants.com

EMAIL ADDRESS: [info@strongclaims.com](mailto:info@strongclaims.com)



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CONSULTANTS**

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Agent's License Number: W559898

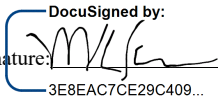
Company's License Number: W841520

Date: 10/3/2024

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Agreed and accepted this 3RD day of October, 2024; at 12 clock

Insured Signature: Mark G. Schuller President

Insured Signature:  3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY


Insured Date and Place of Birth:  
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Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
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Public Adjuster Signature:  55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898



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[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156472

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

(281) 605-5727

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EMAIL ADDRESS: [info@strongclaims.com](mailto:info@strongclaims.com)



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O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 |

[info@strongclaims.com](mailto:info@strongclaims.com)

**Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insured, prepares, present or causes to be presented a proof of loss or estimate of cost of repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s.775.082, s.775.803, or s.775.084, Florida Statutes.**

**You, the insured, may cancel this contract for any reason without penalty or obligation to you within 3 days after the date of this contract by providing notice to Strategic submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof thereof, at the address specified in the contract.**





**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360**

O: 404-902-6017 – 844-701-9995 Fax: 404-481-2451 | [info@strongclaims.com](mailto:info@strongclaims.com)

**NFIP LETTER OF REPRESENTATION  
PUBLIC INSURANCE ADJUSTER CONTRACT**

Agent’s License Number: W 559898

Company’s License Number: W841520

Date: 10/3/2024

The Insured(s) PEPPERTREE BAY CONDO ASSN INC retain Strategic Claim Consultants to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage: Hurricane Helene caused by Flood that occurred on September 27, 2024.

Claim # \_\_\_\_\_

Loss Address: 6054-6058 W Peppertree Way, Sarasota, FL 34242

**Insured authorizes SCC to act on their behalf and authorize their insurer to release records to SCC.**

\_\_\_\_\_  
Please be advised that your insured is making a claim for any recoverable depreciation, if withheld, pursuant to the Loss Settlement Provision of the applicable policy of insurance. Please provide SCC and the insured with instructions for submitting the documents necessary to collect the recoverable depreciation.

**NEW CLAIM or DENIAL:**

**SERVICES AGREEMENT**

**NO RECOVERY, NO FEE**

Insured agrees to pay and assigns to SCC, LLC for its services, upon settlement and payment of claim, a fee of 8 (%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Carrier.

**SUPPLEMENTS:**

Insured agrees to pay SCC for its services, upon settlement and payment of claim, a fee of 8 % percent of the amount adjusted above and beyond the undisputed claim amount of \_\_\_\_\_, previous payments and/or any funds agreed to but not released prior to the date of this contract.

If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received.



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Agent's License Number: W559898

Company's License Number: W841520

Date: 10/3/2024

I, we, the insured also authorize that SCC must be included on all drafts, checks, correspondence pertaining to this loss and mailed directly to **SCC at 3050 Amwiler Road, Suite 200B, Atlanta, GA 30360**. This endorsement shall apply to (my/our) mortgagees, successors, assigns and heirs.

**NOTICE:** A public insurance adjuster may not participate directly or indirectly in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the public insurance adjuster or engage in any other activities that may reasonably be construed as presenting a conflict of interest, including soliciting or accepting and remuneration from, or having a financial interest in, any salvage firm, repair firm, or other firm that obtains business in connection with any claim the public adjuster has a contract or agreement to adjust.

**NOTICE: THE INSURED MAY CANCEL THIS CONTRACT BY WRITTEN NOTICE TO THE PUBLIC INSURANCE ADJUSTER WITHIN 10 DAYS OF SIGNATURE FOR ANY REASON.**

**WE REPRESENT THE INSURED ONLY.**

**YOU ARE ENTERING INTO A SERVICE CONTRACT. YOU ARE BEING CHARGED A FEE FOR THIS SERVICE. YOU DO NOT HAVE TO ENTER INTO THIS CONTRACT TO MAKE A CLAIM FOR LOSS OR DAMAGE ON A POLICY OF INSURANCE.**

**SIGNATORY PAGE TO FOLLOW**



# STRATEGIC CLAIM CONSULTANTS

3050 Amwiler Road | Ste. 200-B | Atlanta, GA 30360

O: 404-902-6017 - 844-701-9995 Fax: 404-481-2451 | [info@stronqclaims.com](mailto:info@stronqclaims.com)

Agent's License Number: W559898


Company's License Number: W841520

Date: 10/3/2024

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct

Agreed and accepted this 3RD day of October, 2024; at 12 o'clock

Insured Signature: Mark G. Schuller President

Insured Signature:   
3E8EAC7CE29C409...

Insured Name:  
PEPPERTREE BAY CONDO ASSN INC

Insured Name:  
\_\_\_\_\_

Insured Date and Place of Birth:  
11/7/1956 BUFFALO, NY


Insured Date and Place of Birth:  
\_\_\_\_\_

Insured Address:  
1125 W Peppertree Dr, #305, Sarasota, FL 34242

Insured Address:  
\_\_\_\_\_

Insured Phone Number:  
607-738-2496

Insured Phone Number:  
\_\_\_\_\_

Public Adjuster Signature:   
55FBD96895A54AD...

Public Adjuster Name:  
Jay Kramer

Public Adjuster License Number: W559898



**STRATEGIC CLAIM  
CONSULTANTS**

**3050 Amwiler Road | Ste. 200-B| Atlanta, GA 30360**

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[info@strongclaims.com](mailto:info@strongclaims.com)

Company's License Number: W841520

Date: 10/3/2024

INSURED/POLICYHOLDER

PUBLIC INSURANCE ADJUSTER

mschuller56@gmail.com

EMAIL ADDRESS

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

MAILING ADDRESS CITY/STATE/ZIP CODE

Wright Flood

INSURANCE COMPANY

3050 Amwiler Road, Suite 200B, Atlanta, GA 30360

PUBLIC INSURANCE ADJUSTER BUSINESS ADDRESS

(PHYSICAL LOCATION)

1152156470

POLICY NUMBER

3050 Amwiler Road, Suite 200B

BUSINESS ADDRESS CITY/STATE/ZIP CODE

Atlanta, GA 30360

PHONE NUMBER

(404) 902-6017

FAX NUMBER

(281) 605-5727

WEBSITE

www.strategicclaimconsultants.com

EMAIL ADDRESS: [info@strongclaims.com](mailto:info@strongclaims.com)





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CONSULTANTS**

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