

**Company Name**

Shoreline Public Adjusters, LLC

**City**

Naples

**State**

FL

**Contact Name (First and Last)**

Mitch Miles

**Email**

[hello@teamshoreline.com](mailto:hello@teamshoreline.com)

**Phone**

(954) 546-1899

**Website**

<https://www.teamshoreline.com/>

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

No

**General Description of Services**

- Insurance, Financial and Retirement Services
- Professional Administrative Performance or Business Services

**Additional Information**

- [Shoreline-Public-Adjusters-Business-Information.pdf](#)