



Client Claim # _____

MHA File # _____

Report #	
Date of Report:	
INSURED NAME:	
POLICY NUMBER:	
REPORTED DATE OF LOSS:	
TYPE OF LOSS: (or Catastrophe #)	
Client CLAIM NUMBER:	
Client LOSS HANDLING OFFICE:	
Client ADJUSTER:	
Mile High Adjusters File Number:	
Mile High Adjusters Handling Office:	
Date Received:	
Date Contacted:	
Date Inspected:	

OWNERSHIP & OCCUPANCY: *Who owns the property? Who lives there? What is the status - Insured/Owner occupied? Rental Property? (If so, name of renter) Vacant? Foreclosure? If not occupied by insured, verify insured mailing address. Any liens or encumbrances not defined on Notice of Loss? As a matter of confidentiality and as a good practice we recommend that you verify the identity of occupant by requesting some form of identification.*

CONTACT: *information concerning contact with lender, insured, occupants, witnesses or anyone else relevant to the claim.*

INSPECTION: *details regarding the inspection of the property, problems with scheduling, reasons for delay, problems with access, who you met with, actual date of inspection.*

RISK (DESCRIPTION): *foundation, construction, approx. age, etc. If Mobile Home, verify description from Notice of Loss.*



FACTS OF LOSS REPORTED: as reported on Notice of Loss, who reported claim, relationship to insured.

DATE OF LOSS VERIFICATION: explain any questions that you have concerning the Date of Loss and/or investigation that you performed concerning Date of Loss verification. If determined the date of loss is not as reported on Notice of Loss, describe findings.

EVIDENCE OF LOSS: if applicable, all official reports; fire report, police report, including name of fire dept., scene investigator, case number, telephone number (of agency) and where report(s) can be obtained. Obtain receipts. If there is concern regarding a weather related event, communicate concern to Client Staff Adjuster, obtain weather report if available.

STATEMENT / INTERVIEW SUMMARY: summary of recorded or written statement, or interview pertaining to the facts of loss.

FINDINGS / CAUSE & ORIGIN: Outline actions and conclusions regarding whom inspection was completed with. (If not insured relationship to insured) Findings regarding the facts of the loss. Did the loss occur within time frame as reported? Did the loss occur as reported by insured or anyone at their direction? Determined concerning the cause and origin of the damages claimed? If cause is not clear and cannot be determined, communicate to Staff Adjuster for direction. Photos should clearly caption loss and support cause. Photos of roof must be included for all roof/ceiling damage claims. Underside and belly board photos of Mobile Home must be included for water-pipe flooring damage claims. If mold is present obtain recorded statement and complete mold questionnaire.

ADJUSTMENT: narrative description of the adjustment process. Disclose any special circumstances regarding repairs that are not obvious to Staff Adjuster. Address all damages claimed; separate each loss with separate estimate. Address all damages discovered. If loss is the result of more than one occurrence or peril, contact adjuster for handling instructions (obtain additional claim number). Estimates should contain ACV/RCV pricing and recoverable depreciation if applicable. Obtain estimates and receipts provided by insured including in final report.

SUMMARY OF LOSS:

Coverage: (Dwelling, PE, Adjacent Structure, Etc.)

Repair/Replacement: *Building Gross RCV

Less Depreciation: *Building Gross Depreciation

Less Deductible: *Building Coverage Deductible

Net Claim: *Building Claim Payable (ACV) *Building Non-ded/Rem-prot

OTHER: area to explain payments under additional coverage's, i.e. fire department service change, debris removal, etc.

SUBROGATION / SALVAGE: comment on subrogation & salvage potential on all losses. Describe action taken or pending. If not applicable, explain why? "None" is not acceptable. If product defect is involved, provide complete description, including approximate age or date of manufacture, brand, manufacturer, model, serial number, any repairs and by whom, warranties, etc.

REMARKS: any additional factors in the claim handling/adjustment process that were not covered above.

ADDITIONAL ACTIVITY: if this is a "first" or "status" report? Explain your plans for conclusion.

RECOMMENDATIONS: ultimately a conclusion and coverage decision regarding the claim is the responsibility of the Staff Adjuster. Please do not provide recommendations regarding coverage. Do not discuss estimate or payment with insured



AUXILIARY DOCUMENTS: *provide list of documentation submitted with report. (i.e. Report, Estimate, photos, diagram)*

PREPARED BY:

Adjuster Name (FML): _____

Adjuster Work Phone: _____

Adjuster Email: _____