

Claims Managers

832 E. Davidson Ave.
Your Town, FL 11111
Office: 555-514-1234
FAX: 555-514-9012

Claim Information Summary

Claim No. SAMPLE

File No. A-0001	Policy No. 0554874	Date of Loss 02/08/2004	Report First and Final	Report Date 12/27/2004	Adjuster John Doe
Carrier Edwards Life and Casualty Contact: Leon Edwards	Address 65 Shoemaker Drive Your Town, FL 11111		Office 555-514-6789	Home 555-513-6788	FAX
Agency ABC Insurance Contact: Harry Truman	Address 588 Millwood Ave. Anytown, FL 11111		Voice 1 555-515-2464	Voice 2 555-512-8790	FAX
Contact	Address		Office	Home	FAX
Insured Matthew E. Peterson	Address 2232 West Shaw Lane, Suite 401 Your Town, FL 10101		Office 555-441-9963	Home 555-254-5586	FAX 555-441-9964
Claimant	Address		Office	Home	FAX

Assignment					
Date Assigned	2/1/2004	Date Contacted	2/4/2004	Date Inspected	2/5/2004
				Date Completed	2/13/2004

Policy					
Issued	12/22/2001	Expires	12/22/2005	Form	DP1
				Coinsurance Rate	80 %

Loss					
Cause	Water	CAT Number			
Location	2232 West Shaw Lane Suite 401 Your Town, FL 10101	Comments	Flood Damage		

Mortgage Holders					
Holder/Interest		Holder/Interest			
Address		Address			

Coverages					
Coverage		Limit	Deductible	Reserve	Valuation
Dwelling		500,000.00	1,000.00	\$10,000.00	330,465.09 (RC)
Contents		5,000.00		\$500.00	
Alternate Living Expenses		2,000.00		\$500.00	