

Claims Managers

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

Claim Recap

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
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

Enclosures Estimates Proof of Loss Photos Invoice
 Contents Worksheet Statement of Loss Diagrams Other: Activity Log

Coverage	Description	RC	Recov. Dep	Nonrecov. Dep	ACV
Dwelling		5,755.27	0.00	0.00	5,755.27
Contents		74.00	0.00	0.00	74.00
Alternate Living Expenses		150.00	0.00	15.00	135.00
ACV Loss:					5,964.27
Plus Recoverable Depreciation:					0.00
RC Loss:					5,964.27
Less Deductibles and/or participation by the insured:					1,000.00
ACV Claim:					4,964.27

Remarks