

# Claims Managers

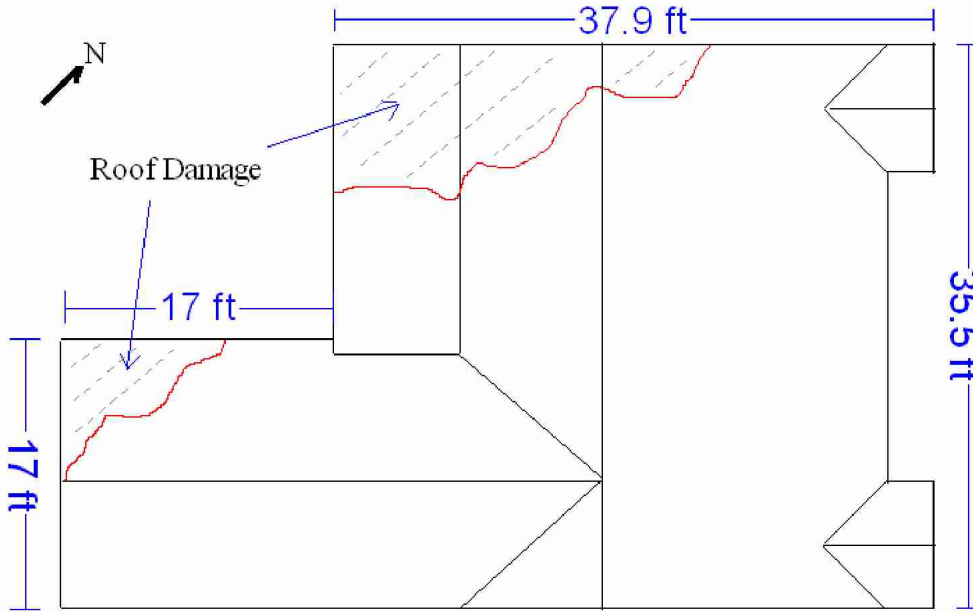
832 E. Davidson Ave.  
Your Town, FL 11111  
Office: 555-514-1234  
FAX: 555-514-9012

## Diagram Sheet

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
Insured Matthew E. Peterson		Contact	Claimant		

Diagram  
01



**Description**  
Roof Damage  
**Comment**