

Claims Managers

832 E. Davidson Ave.
Your Town, FL 11111
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Scope of Loss

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	Address 2232 West Shaw Lane, Suite 401 Your Town, FL 10101		Office 555-441-9963	Home 555-254-5586	FAX 555-441-9964
Loss Address 2232 West Shaw Lane, Suite 401 Your Town, FL 10101					
Contact	Address		Office	Home	FAX
Claimant	Address		Office	Home	FAX

Dwelling

Limit: \$500,000.00

Living Room		Floor 33.33 SY Wall 560 SF Ceiling 300 SF Floor Perim. 70 FT Ceiling Perim. 70 FT				
Room-standard	Length	15 FT	Width	20 FT	Height 8 FT	
Operation	Qty Unit	Description			Cost	Extension
Remove	300 SF	Plank flooring, Southern pine , B&B grade			_____	_____
Replace	336 SF	Plank flooring, Southern pine , B&B grade			_____	_____
Remove	300 SF	Underlayment, Plywood, 1/2"			_____	_____
Replace	315 SF	Underlayment, Plywood, 1/2"			_____	_____
Remove	70 lf	Base Molding, Pattern base, 5", mahogany			_____	_____
Replace	74.9 lf	Base Molding, Pattern base, 5", mahogany			_____	_____

Living Room Totals:

Kitchen		Floor 16 SY Wall 384 SF Ceiling 144 SF Floor Perim. 48 FT Ceiling Perim. 48 FT				
Room-standard	Length	12 FT	Width	12 FT	Height 8 FT	
Operation	Qty Unit	Description			Cost	Extension
Remove	144 SF	Tile floor, Vinyl, high grade			_____	_____
Replace	161.28 SF	Tile floor, Vinyl, high grade			_____	_____
Remove	1 EA	Dishwasher, Electronic, high grade			_____	_____
Replace	1 EA	Dishwasher, Electronic, high grade			_____	_____
Remove	25 lf	Base Molding, Pattern base, 5", finger-joint pine			_____	_____
Replace	26.75 lf	Base Molding, Pattern base, 5", finger-joint pine			_____	_____

Kitchen Totals:

Totals: