

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

Claim Report

To: Edwards Life and Casualty
 ATTN Leon Edwards
 65 Shoemaker Drive
 Your Town, FL 11111

RE: Insured: Matthew E. Peterson
 Loss Address: 2232 West Shaw Lane, Suite 401
 Your Town, FL 10101

REPORT DATE: 12/27/2004	STATUS: First and Final	NEXT REPORT: 2/20/2004
CLAIM NO: SAMPLE		
POLICY # 0554874		
POLICY ISSUED: 12/22/2001	POLICY EXPIRES: 12/22/2005	DATE OF LOSS: 2/8/2004
FILE NO: A-0001		
ADJUSTER: John Doe		
ADJUSTER PHONE: 555-555-5555		ADJUSTER FAX:
ASSIGNED: 2/1/2004	CONTACTED: 2/4/2004	INSPECTED: 2/5/2004

Coverage	Limit	Deductible	Reserve	Valuation	Coinsurance
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		
Forms: DP1					

Risk Structure Type: Dwelling Occupancy: Residence (Primary)

Origin N/A

Exclusions/Limitations N/A

Subrogation/Salvage 100,000 collected by Grover Insurance

Loss Summary	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
Totals	5,979.27	0.00	15.00	5,964.27
		Less Deductible Applied		1,000.00
		Recommended Payment		4,964.27
		Additional Payment After Completion of Repairs		0.00

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

Remarks