

Claims Managers

832 E. Davidson Ave.
Your Town, FL 11111
Office: 555-514-1234
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Statement of Loss

Claim No. **SAMPLE**

File No.	Policy No.	Date of Loss	Report	Report Date	Adjuster
A-0001	0554874	02/08/2004	First and Final	12/27/2004	John Doe
Dwelling	Limit:	\$500,000.00 (RC)	Value:	Loss:	Claim:
Property Value:		330,465.09	330,465.09		
Whole Cost of Repair or Replacement:		5,755.27			
Less Depreciation:		0.00			
ACV Loss:		5,755.27			
Plus Recoverable Depreciation:		0.00			
RC Loss:		5,755.27		5,755.27	
Contents	Limit:	\$5,000.00 (RC)	Value:	Loss:	Claim:
Property Value:		N/A	N/A		
Whole Cost of Repair or Replacement:		74.00			
Less Depreciation:		0.00			
ACV Loss:		74.00			
Plus Recoverable Depreciation:		0.00			
RC Loss:		74.00		74.00	
Alternate Living Expenses	Limit:	\$2,000.00 (RC)	Value:	Loss:	Claim:
Property Value:		N/A	N/A		
Whole Cost of Repair or Replacement:		150.00			
Less Deductions:		15.00			
ACV Loss:		135.00			
Plus Recoverable Depreciation:		0.00			
RC Loss:		135.00		135.00	
Loss:		\$5,964.27			
Deductible:		\$1,000.00			
Total Claim:		\$4,964.27			
Recoverable Depreciation:		\$0.00			
ACV Claim:		\$4,964.27			