**COLONIAL CLAIMS REPORT**

**General Property**

**Insured:** [XM8\_INSURED\_NAME] **Date of Loss:** [XM8\_DATE\_LOSS]

**Policy Number:** [XM8\_POLICY\_NUM] **Claim Number:** [XM8\_CLAIM\_NUM]

**Property Address:** [XM8\_INSURED\_P\_STREET] [XM8\_INSURED\_P\_CITY] [XM8\_INSURED\_P\_STATE] [XM8\_INSURED\_P\_ZIP]

**Mailing Address:** [XM8\_INSURED\_H\_STREET] [XM8\_INSURED\_H\_CITY] [XM8\_INSURED\_H\_STATE] [XM8\_INSURED\_H\_ZIP]

**Report Date:** [XM8\_DATE\_CURRENT] **Report:** Upload for PO Approval

**Insurance:**

**Policy Type: Flood** – **General Property**

**Effective Dates:** [XM8\_DATE\_POLICY\_EFFECTIVE] - [XM8\_DATE\_POLICY\_TERM]

**Building Coverage/Deductible: $**[XM8\_COV\_POLICY\_LIMIT\_1]/$[XM8\_COV\_DEDUCTIBLE\_1]

**Contents Coverage/Deductible:** $[XM8\_COV\_POLICY\_LIMIT\_5]/$[XM8\_COV\_DEDUCTIBLE\_5]

**Mortgagee:** [XM8\_MORTGAGEE]

**Insured Contact Number:** [XM8\_INSURED\_C\_PHONE] [XM8\_INSURED\_H\_PHONE]

**Insured Email:** [XM8\_INSURED\_EMAIL]

**Risk Specifics:**

Elevated: [XM8\_FLOOD\_BUILDING\_ELEVATED]

FIRM Date: [XM8\_FLOOD\_FIRM\_DATE]

Post FIRM: [XM8\_FLOOD\_POST\_FIRM]

Date Built: [XM8\_FLOOD\_DATE\_CONSTRUCTED]

**Insured qualifies for Replacement Cost:** No, risk is general property and would not qualify for replacement cost as it does not meet the requirements.

**Coverage Restrictions: None.**

**Is mailing address and insured risk address the same:** Choose an item.

**If no and principal residence, explain determination:**

**Underwriting issues:** Choose an item.

**Other Insurance**: IA has confirmed that the insured does not carry any other insurance that covers flood.

**How was building ownership confirmed? [be sure that ownership documentation has been included, this is required for all GP claims.**

**How was contents ownership confirmed? [be sure that ownership documentation has been included, this is required for all GP claims]**

**Are there any lease agreements?** Choose an item.*Please explain details of lease agreements, include copies of all lease agreements*

**Were Lien holders verified and discussed?** Choose an item.

**Advance:** Was an advance offered? Choose an item. If declined or pending, why?

**Building Advance: [XM8\_FLOOD\_INS\_ADVANCE\_PAYMENT\_BUILDING]**

**Contents Advance: [XM8\_FLOOD\_INS\_ADVANCE\_PAYMENT\_CONTENTS]**

**Origin:** On [XM8\_DATE\_LOSS], the risk flooded with [XM8\_FLOOD\_WATER\_HEIGHT\_MAIN\_EXTERIOR] of water on the exterior and [XM8\_FLOOD\_WATER\_HEIGHT\_MAIN\_INTERIOR] of water on the interior for 24 hours.

**How was the general condition of flooding verified?** Explain.Was this a large event or river flooding? Did we confirm that 2 or more properties including our flooded, 2 or more acres, etc?

**Flood Handbook & ICC Pamphlet:** The named Insured was provided with a copy of the flood claims handbook and a copy of the ICC pamphlet: Choose an item.

Date insured was provided Flood Handbook & ICC Pamphlet: [XM8\_DATE\_CONTACTED]

Was Provided to: [XM8\_INSURED\_NAME]

**Inspection:**

Did you meet with named insured: Yes, [XM8\_INSURED\_NAME]

Date Loss Assigned: [XM8\_DATE\_RECEIVED]

Date Loss Contacted: [XM8\_DATE\_CONTACTED]

Date Loss Inspected: [XM8\_DATE\_INSPECTED]

Were photos, dry out, cleaning and documentation discussed with the insured – Yes

**Prior Loss:** Choose an item.

***If there are no prior losses, please remove the information below.***

**Details of prior loss:** Give a brief overview of damages covered in the prior loss.

**How were repairs confirmed as completed?** Please explain how prior repairs were confirmed as completed.

**Other Perils:** Was damage from other perils noticed at the time of inspection Choose an item. [ if there are other perils, please give details and reference to photos here. A copy of wind report will be required and will have to be addressed to ensure no duplication of allowances are provided.]

Copy of Wind Estimate has been included and reviewed. No duplication in coverage has been provided.

No other perils noted during inspection, no wind estimate was completed.

**Denial recommended on building/contents?** Choose an item.

[ Example – Please issue denial on contents located in basement. Please issue denial on drywall and doors due to post firm elevated restrictions. Please issue denial on generator located outside the perimeter of the risk.]

\*\*Please add policy language to justify denial, such as “Per the policy Items of property below the lowest elevated floor of an elevated post firm building located in high hazard zones or in a basement regardless of the zone, coverage is limited, due to the limitation noted in the policy, Season III. Property insured, #8, page 4 or 30 coverage cannot be provided for wall finishes.”

**Does insured have any other policies that include flood?** Choose an item.

**[ If insured does carry another policy please explain and provide details]**

**Summary of Building Damages:** [Summarize building damages: Example – The damage was consistent throughout the first floor of the risk. Damage to flooring, trim, drywall, doors, and cabinetry was evident. Water levels warrant service/replacement of appliances, hvac, etc.]

**Please be sure that you note and describe all details needed to fully explain the loss:**

***[ Give additional details as needed to describe quality, condition and value of the building items and depreciation.***

***If damages were not consistent throughout risk, please describe the rooms with damage and what is recommended.***

***Describe any unusual circumstances, issues of coverage or scope, or items listed or omitted from worksheets that need more explanation.]***

**Sheathing:** NA

**Dry out/Remediation included?** Yes

**Method of Dry out being used: Method 1**

**Summary of Contents Damages:** [Describe in detail contents damaged, most common contents, location and clarifications on any special limits, documentation included, etc. Make sure that age of items is considered and detailed on estimate]

**Xactimate Price List:** [XM8\_PRICE\_LIST]

**Sales Tax**: Included at a rate of [XM8\_JURISDICTION] ([XM8\_INSURED\_P\_CITY], [XM8\_INSURED\_P\_STATE]) and included in Line Item

**Salvage:** Due to extensive water damage the property was considered worthless and abandoned to the insured for disposal.

**Subrogation:** There is no subrogation potential involved as flooding was due to natural causes.

**Overhead and/or Profit:** Choose an item.

Choose an item.

**Others involved:** Choose an item.

Contractor: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Adjuster: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scope Notes:** Scoped Electronically

**To Be Done**

**Thank you for this assignment.**

Adjuster: [XM8\_ESTIMATOR\_NAME]

FCN: [XM8\_CLAIM\_REP\_ADJUSTER\_NUMBER]