**COLONIAL CLAIMS REPORT**

**Dwelling**

**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:** Choose an item.

**Insurance:**

**Policy Type: Flood** – **Dwelling**

**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:** Choose an item.

**Coverage Restrictions: None.**

**Is mailing address and insured risk address the same:** Yes

**Underwriting issues:** Choose an item.

**Advance:** Was an advance offered? Choose an item.

**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 from Hurricane Helene.

**How was the general condition of flooding verified** General Condition of Flooding was verified by canvassing the neighborhood and seeing that neighboring properties also showed visible signed of flood water damages from Hurricane Helene.

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

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.

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: No.**

**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 No other perils were noted during inspection, only flood related damages are included.

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?** No.

**Does insured have any other policies that include flood? No**

**Summary of Building Damages:** XXXXXXXX

**Sheathing:** NA

**Dry out/Remediation included?** Yes

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

**Summary of Contents Damages:** XXXXX

**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. *[Modify if no GCF occurred]*

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

**Overhead and/or Profit:** Yes - 10% / 10%. XXXXXXXX

**Others involved:** No.

**Scope Notes:** Scoped Electronically

**To Be Done**: Requesting PO.

**Thank you for this assignment.**

Adjuster: [XM8\_ESTIMATOR\_NAME]

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