**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.

[x]  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]