**COLONIAL CLAIMS REPORT**

**RCBAP**

**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** – **RCBAP**

 **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]

Flood Zone: [XM8\_FLOOD\_ZONE]

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

Number of Units: [ XM8\_FLOOD\_NUMBER OF UNITS]

**Insured qualifies for Replacement Cost:** Yes, risk is an RCBAP policy and qualifies for replacement cost.

**Coverage Restrictions: None. XXXXXXX**

**Co-insurance:** Does a penalty apply? Choose an item. If not, explain. Was the valuation reviewed alongside other insurance limitations?

**Other Insurance**: IA has confirmed that the insured does not carrier any other insurance that covers flood. Documentation has been included, declarations were reviewed, and this policy has been verified as primary flood policy. **\* If not covered please note otherwise\***

**Who is responsible for handing loss, name and title?** Confirm name and title of any party signing proof of loss or related documents.

**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 [ XM8\_HOURS\_DAYS] hours/days.

**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?

If there was no GCF, did we canvas the area, talk to neighbors, take additional photos, and research weather in the area?

If insured declined access or inspection, please detail why.

**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 PROVIDED]

 Was Provided to: [ Note who you provided the information to]

**Inspection:**

Did you meet with named insured: Choose an item.

-If not, who did you meet with and why?

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 – Choose an item.

**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.***

***Describe all damage in individual units. List the unit number and provide details of the damages in the unit.]***

**Sheathing:** Was exterior sheathing damaged? If replacing, what type of sheathing is involved and why are we recommending replacement? Explain

**Dry out/Remediation included?** Choose an item.

**Method of Dry out being used:** Choose an item.

**Reasoning for method of dry out:** *please provide details of reasoning for allowing for chosen to dry out method, please explain if there is an invoice provided, if there are additional items such as set and take included. Note if dry out logs were provided or not.*

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

**Subrogation:** There is no subrogation potential involved as flooding was due to natural causes. *[Modify if no GCF occurred]*

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

Choose an item.

**Others involved:** Choose an item.

 [x]  Contractor: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [x]  Public Adjuster: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [x]  Attorney: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scope Notes:** Choose an item.

**To Be Done**: [ Explain here what this report is for, are we including a signed proof of loss and closing? Submitting for proof out approval and pending signed proof of loss, closing file for no confirmed GCF? Need to explain what is being done and needed]

*When uploading for closing explain how you provided a copy of the estimate and reviewed with insured.*

**Note:** Due to extended processing time of current adjuster FCN, prior year FCN card has been included along with adjuster’s certification of completion for the year of 2023. [ if you have your current 2023 FCN, please remove this statement as it would no longer apply]

**Thank you for this assignment.**

Adjuster: [XM8\_ESTIMATOR\_NAME]

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