

# ADJUSTER'S CERTIFICATION

Insurance Company

Policy Number

Agency

Location

Insured

Loss Payable To

Date and Cause of Loss

Location of Loss

Nature and Extent of Damage

## STATEMENT OF LOSS

---

---

---

---

---

---

---

---

---

---

## APPORTIONMENT Use When More Than One Company

Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_ Total Claim:\$ \_\_\_\_\_

Item Number: \_\_\_\_\_ Insures:\$ \_\_\_\_\_ Pays:\$ \_\_\_\_\_

Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_ Total Claim:\$ \_\_\_\_\_

Item Number: \_\_\_\_\_ Insures:\$ \_\_\_\_\_ Pays:\$ \_\_\_\_\_

Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_ Total Claim:\$ \_\_\_\_\_

Item Number: \_\_\_\_\_ Insures:\$ \_\_\_\_\_ Pays:\$ \_\_\_\_\_

I have inspected this loss and recommend payment as indicated above.

\_\_\_\_\_  
Adjuster

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm