

# ADJUSTER'S REPORT/CERTIFICATION

Date Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_  
File Number: \_\_\_\_\_ Type of Loss: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Date of Loss: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Insured's Address: \_\_\_\_\_  
Mortgagee: \_\_\_\_\_ Location of Loss: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
Coinsurance: \_\_\_\_\_ Reserve: \$ \_\_\_\_\_  
Cause of Loss: \_\_\_\_\_

**Building:** Replacement Cost: \$ \_\_\_\_\_ A.C.V.: \$ \_\_\_\_\_ Details: \_\_\_\_\_

**Structures:** Replacement Cost: \$ \_\_\_\_\_ A.C.V.: \$ \_\_\_\_\_ Details: \_\_\_\_\_

**Contents:** Replacement Cost: \$ \_\_\_\_\_ A.C.V.: \$ \_\_\_\_\_ Details: \_\_\_\_\_

**A.L.E.:** Replacement Cost: \$ \_\_\_\_\_ A.C.V.: \$ \_\_\_\_\_ Details: \_\_\_\_\_

## Statement of Loss Detail

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Loss: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Loss: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Loss: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Loss: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Loss: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Loss: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Loss: \$ \_\_\_\_\_

Totals: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Net Claim and Payments: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_ Date: \_\_\_\_\_