

ADJUSTER'S STATUS REPORT

TO: _____

Date of Report: _____ File Number: _____

Policy Number: _____

Certificate or Risk Number: _____

Agency: _____ Agent: _____

Insured: _____ Date of Loss: _____

Location: _____ Type of Loss: _____

REPORT TYPE:

Preliminary:

Intermediate:

Closing:

Remarks: _____

Adjuster