**Status Report for Claim** #{{claim\_number}} **–** {{Policyholder}}

**Claim Overview**

* **Policyholder:** {{Policyholder}}
* **Loss Address:** {{loss\_address}}
* **Date of Loss: {{**DateOfLoss}}
* **Insurer:** {{Insurer\_Name}}
* **Adjuster:** {{Adjuster\_Name}}
* **Policy Number:** {{Policy\_Number}}
* **Claim Type:** {{claim\_type}}
* **Contact Information:**
  + Insured: {{Insured\_Contact\_Info}}
  + Adjuster: {{Adjuster\_Contact\_Info}}
* **Coverages:**
  + **Coverage A:** {{coverage\_building}}
    - Deductible: {{Coverage\_A\_Deductible}}
    - Reserve: {{Coverage\_A\_Reserve}}
    - Advance: {{Coverage\_A\_Advance}}
  + **Coverage B:** {{coverage\_contents}}
    - Deductible: {{Coverage\_B\_Deductible}}
    - Reserve: {{Coverage\_B\_Reserve}}
    - Advance: {{Coverage\_B\_Advance}}

**Current Status of Claim:**

{{Current\_Claim\_Status\_Par}}

1. **Inspection and Preliminary Report:**
   * The claim was assigned on {{Claim\_Assigned\_Date}}
   * The insured was contacted on {{Claim\_Contact\_Date}}
   * The inspection occurred on {{Claim\_Inspection\_Date}}
   * {{Preliminary\_Report\_Par}}
2. **Communication with Insured:**
   * {{Insured\_Communication\_Paragraph}}
3. **Claim Reserve and Adjustments:**
   * The initial reserve for the claim was set at {{Coverage\_A\_Reserve}} for Coverage A and {{Coverage\_B\_Reserve}} for Coverage B based on coverage limits and damage estimates.
   * {{Claim\_Reserve\_Paragraph}}

**Insured Communication and Key Actions**

1. **Insured's Concerns:**
   * {{Insured\_Concern\_Paragraph}}
2. **Adjuster Response:**
   * {{Adjuster\_Response\_Paragraph}}
3. **Supporting Documents:**
   * {{Supporting\_Doc\_Paragraph}}

**Next Steps**

* {{Next\_Steps\_Paragraph}}

**Final Report:**

* {{Final\_Report\_Paragraph}}
* Insured Damage RCV Losses:
  + Coverage A:
    - Building: {{DwellingUnit\_Insured\_Damage\_RCV\_Loss}}
    - Detached Garage: {{DetachedGarage\_Insured\_Damage\_RCV\_Loss}}
  + Coverage B:
    - Contents: {{Conents\_Insured\_Damage\_RCV\_Loss}}
    - Improvements: {{Improvements\_Insured\_Damage\_RCV\_Loss}}

**Contact Information**

* **Claims Department: 800-843-0170**
* **Adjuster: {{**Adjuster\_Name}} **(**{{Adjuster\_Contact\_Info}}**)**

**Summary:**

{{Claim\_Summary\_Par}}