

INSURANCE CARRIER CONTACT LOG

COMPREHENSIVE CLAIM COMMUNICATION TRACKER

Claim Number: [Claim #]
Policy Number: [Policy #]
Carrier: [Carrier Name]
Primary Adjuster: [Adjuster Name] - License #: [Number]
Adjuster Phone: [Direct] | **Email:** [Email]
Supervisor: [Name] - **Phone:** [Number]
Claim Start Date: [Date]
Log Start Date: [Date]

CONTACT LOG ENTRIES

Date	Time	Duration	Contact Type	Direction	Person Contacted	Title/Dept	Topic/Purpose	Discussion Summary	Prepared By
[Date]	[Time]	[Min]	<div><input type="checkbox"/>Phone</div> <div><input type="checkbox"/>Email</div> <div><input type="checkbox"/>Text</div> <div><input type="checkbox"/>In-Person</div> <div><input type="checkbox"/>Portal</div> <div><input type="checkbox"/>Letter</div>	<div><input type="checkbox"/>In</div> <div><input type="checkbox"/>Out</div>	[Name]	[Title]	[Topic]	[Detailed summary of conversation]	[Specialist / Producer]

KEY COMMITMENTS TRACKING

Date Made	Commitment Description	Made By	Position	Due Date	Status	Date Completed	Outcome	Notes
[Date]	[Detailed commitment]	[Name]	[Title]	[Date]	<div><input type="checkbox"/>Pending</div> <div><input type="checkbox"/>Complete</div> <div><input type="checkbox"/>Broken</div>	[Date]	[Result]	[Notes]

DENIALS/DISPUTES LOG

Date	Item/Coverage Denied	Reason Given	Amount Disputed	Response Sent	Status	Resolution	Supporting Docs
[Date]	[Description]	[Carrier's reason]	[\$[Amount]]	[Date]	<input type="checkbox"/> Open <input type="checkbox"/> Resolved	[Outcome]	[List]

INSPECTION/ADJUSTER VISITS

Date Scheduled	Date Occurred	Type	Adjuster/Inspector	Company	Duration	Areas Inspected	Report Promised
[Date/Time]	[Date/Time]	<input type="checkbox"/> Initial <input type="checkbox"/> Reinspection <input type="checkbox"/> Expert	[Name]	[Company]	[Hours]	[List areas]	[Date]

DOCUMENT TRACKING

Documents Sent to Carrier

Date Sent	Document Type	Description	Method	Confirmation #	Acknowledged	Response Date	Response
[Date]	[Type]	[Description]	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Portal	[#]	<input type="checkbox"/> Y <input type="checkbox"/> N	[Date]	[Response]

Documents Received from Carrier

Date Received	Document Type	Description	Response Required	Response Deadline	Response Sent	Notes
[Date]	[Type]	[Description]	<input type="checkbox"/> Y <input type="checkbox"/> N	[Date]	[Date]	[Notes]

PAYMENT TRACKING

Date Promised	Date Received	Payment Type	Amount	Check/EFT #	Coverage	Applied To	Status	Issues
[Date]	[Date]	<div><input type="checkbox"/>ACV <input type="checkbox"/>RCV</div> <div><input type="checkbox"/>Supplement</div> <div><input type="checkbox"/>ALE</div> <div><input type="checkbox"/>Advance</div>	[\$Amount]	[#]	[Coverage Type]	[Description]	<div><input type="checkbox"/>Cleared</div> <div><input type="checkbox"/>Pending</div> <div><input type="checkbox"/>Stopped</div>	[Any issues]

Total Paid to Date: \$[Amount]

Total Outstanding: \$[Amount]

Total Disputed: \$[Amount]

IMPORTANT DEADLINES

Deadline Type	Date	Description	Status	Date Completed	Extension Requested	Extension Granted
Proof of Loss	[Date]	[Description]	<div><input type="checkbox"/>Pending</div> <div><input type="checkbox"/>Complete</div>	[Date]	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Examination Under Oath	[Date]	[Location]	<div><input type="checkbox"/>Scheduled</div> <div><input type="checkbox"/>Complete</div>	[Date]	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Appraisal Demand	[Date]	Response deadline	<input type="checkbox"/> Filed <input type="checkbox"/> N/A	[Date]	N/A	N/A
Statute of Limitations	[Date]	File suit by	<input type="checkbox"/> Pending	N/A	N/A	N/A

THIRD-PARTY CONTACTS

Date	Party Type	Name	Company	Purpose	Outcome	Notes
[Date]	<div><input type="checkbox"/>Contractor <input type="checkbox"/>Engineer <input type="checkbox"/>Attorney <input type="checkbox"/>Public Adjuster</div>	[Name]	[Company]	[Purpose]	[Result]	[Notes]

ISSUES AND CONCERNS

Coverage Issues

Date Identified	Issue Description	Carrier Position	Our Position	Status	Resolution
[Date]	[Detailed issue]	[Their position]	[Your position]	<input type="checkbox"/> Open <input type="checkbox"/> Resolved	[Resolution]

Bad Faith Indicators

- ☐ Unreasonable delays (Document: [Dates])
- ☐ Failure to acknowledge communications ([Dates])
- ☐ Misrepresentation of policy language ([Date/Issue])
- ☐ Failure to conduct proper investigation ([Details])
- ☐ Lowball settlement offers ([Amounts/Dates])
- ☐ Failure to provide reason for denial ([Date])
- ☐ Threatening/intimidating behavior ([Date/Person])
- ☐ Failure to attempt good faith settlement ([Details])
- ☐ Other: [Description]

CORRESPONDENCE TEMPLATES USED

Date	Template Type	Sent To	Purpose	Response
[Date]	[Type of letter]	[Recipient]	[Purpose]	[Response received]

RECORDED CONVERSATIONS

Date	Time	Parties	Duration	Recording Location	Consent Obtained	Summary
[Date]	[Time]	[Names]	[Length]	[File location]	<input type="checkbox"/> Y <input type="checkbox"/> N	[Summary]

Note: Check state law for recording consent requirements

ESCALATION HISTORY

Date	Issue Escalated	Escalated To	Title	Result	Follow-Up
[Date]	[Issue]	[Name]	[Title]	[Outcome]	[Required]

COMPLAINT FILINGS

Date Filed	Agency	Complaint #	Issue	Status	Resolution
[Date]	<input type="checkbox"/> State Insurance Dept <input type="checkbox"/> BBB <input type="checkbox"/> Other	[#]	[Issue]	<input type="checkbox"/> Pending <input type="checkbox"/> Resolved	[Outcome]

EXPERT WITNESS/CONSULTANT ENGAGEMENT

Date	Expert Type	Name	Purpose	Report Date	Cost	Notes
[Date]	[Type]	[Name]	[Purpose]	[Date]	[\$[Amount]]	[Notes]

SETTLEMENT NEGOTIATIONS

Date	Offer/Counter	Amount	From	To	Status	Notes
[Date]	<input type="checkbox"/> Offer <input type="checkbox"/> Counter	[\$[Amount]]	[Party]	[Party]	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending	[Details]

CRITICAL NOTES AND OBSERVATIONS

Patterns Observed

- [Pattern description and dates]
- [Pattern description and dates]

Inconsistencies in Carrier Position

- [Date]: [Inconsistency noted]
- [Date]: [Inconsistency noted]

Witnesses to Important Conversations

- [Date]: [Witness name] present during [conversation topic]
- [Date]: [Witness name] present during [conversation topic]

REMINDERS AND ALERTS

Date Set	Reminder Date	Task	Priority	Completed	Notes
[Date]	[Date]	[Task description]	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> Y <input type="checkbox"/> N	[Notes]

MONTHLY SUMMARY

[Month/Year]

- Total contacts: [#]
- Promises made: [#]
- Promises kept: [#]
- Documents sent: [#]
- Documents received: [#]
- Payments received: [\$[Amount]]
- Outstanding issues: [#]

ATTORNEY CONSULTATION LOG

Date	Attorney	Discussion	Advice Given	Action Taken	Fee
[Date]	[Name]	[Topics]	[Summary]	[Actions]	[\$Amount]

LOG CERTIFICATION

I certify that this log represents a true and accurate record of communications regarding this insurance claim, maintained contemporaneously with the events recorded.

Maintained by: [Name]

Last Updated: [Date]

Total Entries: [#]

Days Since Loss: [#]

Days Claim Open: [#]

IMPORTANT REMINDERS:

- Record all contacts immediately after they occur
- Save all emails and written correspondence
- Screenshot text messages and online portal communications
- Request written confirmation of verbal promises
- Note names, titles, and direct contact information
- Keep this log updated and backed up regularly

This document is provided by Claim Navigator AI as a customizable template. It does not constitute legal advice or representation. This log may be important evidence if disputes arise.