

# MOLD CLAIM DOCUMENTATION LETTER

**Document Category: Structural & Property-Specific**

**Document Number: 07 of 33**

[Your Name]

[Your Address]

[City, State ZIP]

[Phone Number]

[Email Address]

[Date]

**SENT VIA CERTIFIED MAIL AND EMAIL - URGENT HEALTH HAZARD**

Tracking #: [Number]

[Insurance Carrier Name]

Claims Department

[Carrier Address]

[City, State ZIP]

**Attention: Complex Claims Unit**

**Copy to: Environmental Claims Specialist**

**Re: Mold Damage Claim - Result of Covered Peril - IMMEDIATE ACTION REQUIRED**

Policy Number: [Policy #]

Claim Number: [Claim #]

Original Date of Loss: [Date]

Mold Discovered: [Date]

Loss Location: [Loss Location]

Current Status: [Occupied/Evacuated]

Health Impact: [Yes/No - Documented]

Dear Claims Representative:

This letter documents extensive mold damage discovered at my property, resulting from [specific covered water loss event: e.g., "sudden pipe burst in master bathroom wall"] that occurred on [date]. Despite prompt mitigation efforts following industry standards, significant mold growth has developed requiring professional remediation under containment protocols.

# IMMEDIATE HEALTH AND SAFETY ALERT

## Current Hazardous Conditions:

- Active mold growth covering [square footage] sq ft
- Airborne spore counts [X] times outdoor levels
- [Number] family members experiencing symptoms
- Industrial hygienist recommends immediate evacuation
- Structural materials actively deteriorating

## I. ORIGINAL COVERED LOSS DOCUMENTATION

### Initial Water Loss Event

#### Date and Cause:

- Date of incident: [Date] at [time]
- Cause: [Detailed description of covered peril]
- Discovery: [How and when discovered]
- Immediate actions: [Steps taken within first 24 hours]
- Original claim #: [If different from current]

#### Water Damage Scope:

- Source location: [Specific location]
- Water category: [1/2/3 per IICRC S500]
- Areas affected: [List all areas]
- Volume released: [Estimated gallons]
- Materials saturated: [List materials]

#### Initial Mitigation Response:

- Mitigation company: [Name, Certification #]
- Response time: [Hours from call]
- Equipment deployed: [Number and type]
- Drying protocol: [Dates from/to]
- Moisture logs: [Attached/Available]
- Clearance testing: [Done/Not done]

## Insurance Handling of Original Loss

### Coverage and Payment:

- Coverage confirmed: [Date, by whom]
- Adjuster assigned: [Name]
- Inspection date: [Date]
- Payment issued: \$[Amount] on [Date]
- Scope approved: [What was included/excluded]

**Critical Issue:** [Explain any deficiencies in original claim handling that contributed to mold: e.g., "Adjuster only approved partial drying, refused to open walls despite moisture readings"]

## II. MOLD DISCOVERY AND EXTENT

### Discovery Circumstances

#### Initial Discovery:

- Date first noticed: [Date]
- Location first observed: [Specific area]
- Visual indicators: [Describe what was seen]
- Odor present: [Describe musty/earthy smell]
- Symptoms appeared: [When family members affected]

#### Investigation Triggered By:

- Visible growth observed
- Persistent musty odor
- Health symptoms developing
- Moisture meter readings
- Thermal imaging anomalies

### Professional Mold Assessment

#### Industrial Hygienist Inspection:

- Company: [Name]
- Inspector: [Name, CIH/CMI Certification #]
- Inspection date: [Date]

- Inspection duration: [Hours]
- Report date: [Date]
- Report attached: [Yes, ## pages]

**Sampling Methodology:**

- **Air Samples:** [Number] locations
  - Spore trap analysis
  - Culturable air samples
  - PCR/ERMI testing
- **Surface Samples:** [Number] locations
  - Tape lift samples
  - Swab samples
  - Bulk material samples
- **Cavity Samples:** [Number] wall cavities

**Laboratory Results:**

Lab name: [Accredited laboratory name]

**Spore types identified:**

- Stachybotrys (Black Mold): [Present/Absent]
- Aspergillus/Penicillium: [Spore count]
- Chaetomium: [Spore count]
- Other species: [List with counts]

**Contamination Levels:**

Location	Spore Count	Outdoor Baseline	Multiple of Normal
Master Bedroom	[Count]	[Count]	[X] times
Living Room	[Count]	[Count]	[X] times
HVAC System	[Count]	[Count]	[X] times
[Continue for all tested areas]			

**Affected Areas Mapping**

**Visible Mold Growth:**

### **Zone 1 - Primary Contamination:**

- Location: [Specific rooms/areas]
- Square footage: [Amount]
- Growth characteristics: [Color, texture, pattern]
- Substrate affected: [Drywall, wood, insulation]
- Containment required: [Type per IICRC S520]

### **Zone 2 - Secondary Contamination:**

- Location: [Adjacent areas]
- Square footage: [Amount]
- Cross-contamination via: [HVAC, openings]
- Cleaning protocol: [HEPA vacuum, damp wipe]

### **Zone 3 - Potential Contamination:**

- Areas at risk: [List]
- Preventive measures needed: [List]

### **Hidden Growth Discovered:**

- Behind walls: [Locations, how discovered]
- Under flooring: [Areas affected]
- Above ceilings: [Locations]
- Inside HVAC: [Components affected]
- Within insulation: [Areas]

## **III. HEALTH IMPACT DOCUMENTATION**

### **Medical Symptoms and Treatment**

#### **Affected Household Members:**

##### **Person 1: [Name, Age]**

- Symptoms: [Respiratory, skin, neurological]
- Doctor visited: [Date, Doctor name]
- Diagnosis: [If provided]
- Treatment: [Medications, therapies]

- Work/School missed: [Days]
- Medical costs: \$[Amount]

**Person 2: [Name, Age]** [Repeat format for each person]

**Vulnerable Populations:**

- Children under 5: [Number]
- Adults over 65: [Number]
- Asthma/allergies: [Who]
- Immune compromised: [Who]
- Pregnant: [If applicable]

**Medical Documentation**

- Physician letters: [Attached]
- Test results: [Blood tests, allergen tests]
- Prescription records: [Medications required]
- Specialist referrals: [Pulmonologist, allergist]
- Emergency visits: [Dates and facilities]

**IV. REMEDIATION PROTOCOL REQUIRED**

**Industry Standard Requirements (IICRC S520/S500)**

**Containment Setup:**

- Containment type: [Full/Limited]
- Negative air pressure: [ACH required]
- HEPA filtration: [CFM required]
- Critical barriers: [Locations]
- Decontamination chambers: [Number]
- PPE requirements: [Level of protection]

**Removal Scope:**

**Structural Materials:**

Material	Location	Square/Linear Feet	Disposal Method
Drywall	[Rooms]	[Sq ft]	Sealed bags
Insulation	[Areas]	[Sq ft]	Double bagged
Carpet/Pad	[Rooms]	[Sq ft]	Wrapped
Wood framing	[If required]	[Linear ft]	Treated
[Continue for all materials]			

### HVAC System Remediation:

- Ductwork cleaning: [Linear feet]
- Duct replacement: [Sections]
- Air handler cleaning: [Components]
- Coil treatment: [Type]
- Filter replacement: [MERV rating]
- System sanitization: [Method]

### Contents Handling:

- Non-porous items: [Cleaning protocol]
- Semi-porous items: [Evaluation needed]
- Porous items: [Disposal list]
- Electronics: [Specialized cleaning]
- Documents/photos: [Restoration possible]
- Clothing/textiles: [Laundering protocol]

### Post-Remediation Verification

#### Clearance Testing Requirements:

- Visual inspection by IH
- Moisture verification (<16% MC)
- Air sampling all remediated areas
- Surface sampling if needed
- HVAC system verification
- Written clearance report required

### Success Criteria:

- Spore counts at or below outdoor levels
- No visible growth remaining
- Moisture issues resolved
- Odors eliminated
- Safe for reoccupancy certification

## **V. PROFESSIONAL COST ESTIMATES**

### **Detailed Remediation Bids**

#### **Remediation Company #1: [Name, License #]**

- Containment and setup: \$[Amount]
- Mold removal: \$[Amount]
- HVAC cleaning: \$[Amount]
- Contents handling: \$[Amount]
- Clearance testing: \$[Amount]
- **Total Bid: \$[Amount]**

#### **Remediation Company #2: [Name, License #]** [Same breakdown format]

- **Total Bid: \$[Amount]**

#### **Remediation Company #3: [Name, License #]** [Same breakdown format]

- **Total Bid: \$[Amount]**

### **Additional Required Services**

#### **Post-Remediation Reconstruction:**

- Drywall replacement: \$[Amount]
- Insulation replacement: \$[Amount]
- Painting and finishing: \$[Amount]
- Flooring replacement: \$[Amount]
- Trim and fixtures: \$[Amount]
- **Reconstruction Total: \$[Amount]**

#### **Professional Services:**



- Industrial hygienist testing: \$[Amount]
- Medical expenses: \$[Amount]
- Temporary housing: \$[Amount/month]
- Contents storage: \$[Amount/month]
- Additional costs: \$[Amount]

**TOTAL PROJECT COST: \$[Sum of all costs]**

## **VI. COVERAGE ANALYSIS**

### **Policy Coverage Applicable**

#### **Mold Coverage Provisions:**

- Policy form: [HO-3/HO-5/Other]
- Mold coverage limit: \$[Amount or "No limit"]
- Resultant damage coverage: [Yes/No]
- Hidden mold coverage: [Yes/No]
- Additional coverage available: [List]

**Coverage Position:** The mold damage is fully covered because:

#### **1. Results from Covered Water Loss:**

- Original loss was covered peril
- Payment already made confirming coverage
- Mold is direct result of water damage

#### **2. Hidden Mold Provision:**

- Mold was hidden within walls
- Not discoverable until growth advanced
- Policy covers hidden damage

#### **3. Prompt Mitigation Performed:**

- Professional mitigation within 24 hours
- Industry standards followed
- Documentation proves compliance

#### **4. Ensuing Loss Coverage:**

- Mold damage ensued from covered loss

- Policy covers resulting damage
- No exclusion applies to this situation

#### **5. Continuous Coverage:**

- Policy in force at time of loss
- All premiums current
- No coverage gaps

### **Exclusions Not Applicable**

#### **Why Standard Exclusions Don't Apply:**

- Not due to maintenance: Sudden pipe burst
- Not due to neglect: Immediate response documented
- Not flood-related: Internal plumbing source
- Not due to humidity: Specific water event
- Within time limits: Discovered promptly

## **VII. TIME-SENSITIVE FACTORS**

### **Urgency Drivers**

#### **Health Deterioration:**

- Symptoms worsening daily
- Medical advice to evacuate
- Long-term exposure risks
- Children particularly vulnerable

#### **Property Damage Escalation:**

- Mold spreading [rate] per day
- Structural materials weakening
- HVAC spreading contamination
- Contents damage increasing

#### **Financial Impact:**

- Temporary housing costs accruing
- Work days being missed

- Medical expenses mounting
- Property value declining

**Seasonal Factors:**

- Humidity levels promoting growth
- Temperature accelerating spread
- Weather preventing proper drying
- Contractor availability limited

## **VIII. REQUESTED IMMEDIATE ACTIONS**

**Within 24 Hours:**

1. Acknowledge receipt and health hazard
2. Assign environmental claims specialist
3. Authorize emergency containment
4. Approve temporary relocation
5. Expedite advance payment for mitigation

**Within 48-72 Hours:**

1. Complete inspection with IH present
2. Approve full remediation protocol
3. Authorize contents pack-out
4. Coordinate with health department
5. Issue substantial advance payment

**Within 5 Days:**

1. Full remediation approval
2. Reconstruction scope approval
3. ALE payments commenced
4. All contractors authorized
5. Timeline established

## **IX. REGULATORY COMPLIANCE**

### **Building Code Requirements**

- Permit required for remediation
- Code upgrades triggered: [List]
- Inspections required: [List stages]
- Certificate of occupancy needed

## **Health Department Involvement**

- Notification provided: [Date]
- Case number: [If assigned]
- Requirements imposed: [List]
- Clearance needed for occupancy

## **EPA RRP Rule (if applicable)**

- Property built before 1978
- Lead-safe practices required
- Certified contractor needed
- Additional costs involved

## **X. DOCUMENTATION PROVIDED**

### **Comprehensive Attachment Package**

#### **Section 1 - Original Loss:**

- Original claim documentation
- Water mitigation records
- Moisture logs and readings
- Initial payment records

#### **Section 2 - Mold Evidence:**

- Complete IH report
- Laboratory results
- Photographic documentation ([#] photos)
- Video walkthrough
- Moisture mapping

#### **Section 3 - Health Impact:**

- Medical records
- Doctor's letters
- Prescription records
- Symptom logs
- School/work absence documentation

#### **Section 4 - Financial:**

- Remediation estimates (3)
- Reconstruction estimates
- Temporary housing costs
- Medical bills
- Lost wage documentation

#### **Section 5 - Expert Opinions:**

- Industrial hygienist report
- Structural engineer (if applicable)
- Medical expert opinion
- Building code official letter

## **XI. PRESERVATION OF EVIDENCE**

### **Evidence Maintained**

- Affected materials samples preserved
- Photographic record before/during/after
- Chain of custody for samples
- Original materials available for inspection
- Third-party documentation secured

### **Spoliation Warning**

- Do not request disposal without documentation
- All evidence photographed and catalogued
- Samples maintained per legal requirements
- Available for your inspection

- Will not remediate until authorized

## **XII. ADDITIONAL LIVING EXPENSES**

### **Temporary Relocation Required**

#### **Current Arrangements:**

- Location: [Hotel/Rental address]
- Occupants: [Number]
- Daily/Monthly rate: \$[Amount]
- Started: [Date]
- Estimated duration: [Weeks/Months]

#### **Additional Expenses:**

- Increased meal costs: \$[Daily amount]
- Additional transportation: \$[Daily amount]
- Storage unit: \$[Monthly amount]
- Pet boarding: \$[If applicable]
- Laundry/services: \$[Amount]

**Total ALE per month: \$[Amount]**

## **XIII. RESERVATION OF RIGHTS**

I expressly reserve all rights including:

- Supplemental claims for hidden damage
- Full policy limits for all coverages
- Bad faith claims if mishandled
- Regulatory complaints if needed
- Recovery of all related expenses
- Legal action if necessary

## **XIV. CONCLUSION**

This mold contamination represents a serious health hazard requiring immediate professional remediation. The contamination resulted directly from a covered water loss, and prompt mitigation

efforts were taken according to industry standards. The extent of contamination now present poses immediate health risks to my family and continues to damage the property.

[Insurance Company] has previously acknowledged coverage for the underlying water loss. This mold damage is a direct consequence of that covered loss and must be addressed immediately to prevent further health impacts and property damage. Any delay in authorizing remediation increases both the scope of damage and health risks.

I am prepared to cooperate fully with your investigation and am available for immediate inspection. However, given the documented health hazards, remediation must begin immediately. Please confirm coverage and authorize emergency mitigation within 24 hours.

Time is absolutely critical in this matter.

Respectfully submitted,

[Your Signature]

[Your Printed Name]

[Date]

**cc:**

- [Mortgagee Name and Address]
- [Industrial Hygienist]
- [Health Department] - if notified
- [Treating Physicians]
- [Public Adjuster] - if retained
- [Attorney] - if consulted
- File

## **CRITICAL MOLD CLAIM NOTES**

### **Important Deadlines:**

- Many policies have time limits for mold claims
- Document discovery date clearly
- Some states have specific mold statutes
- Preserve all evidence before remediation

## **Coverage Considerations:**

- Mold coverage varies significantly by policy
- Some policies have sub-limits for mold
- "Resulting damage" provisions may apply
- Hidden mold often has different coverage

## **Health Priority:**

- Family health comes before claim concerns
- Document all health impacts thoroughly
- Get medical documentation immediately
- Consider legal counsel if health affected

**Note:** This template is for informational purposes only and does not constitute legal or medical advice. Mold claims are complex and often disputed. Consider engaging a public adjuster or attorney experienced in mold claims, especially if health impacts are involved. Always prioritize family health and safety over claim concerns. Document everything thoroughly before remediation begins.