

# COMPREHENSIVE INSURANCE CLAIM DOCUMENT SUBMISSION CHECKLIST

Policyholder: [Name]

Claim #: [Number]

Date of Loss: [Date]

Adjuster: [Name]

Created: [Date]

Last Updated: [Date]

## PRIORITY CLASSIFICATION SYSTEM

Priority	Description	Timeline	Impact if Missing
CRITICAL	Required for claim processing	Within 24-48 hours	Claim denied or delayed
HIGH	Supports claim value	Within 7 days	Reduced settlement
MEDIUM	Enhances documentation	Within 14 days	May affect negotiations
LOW	Supplemental support	Within 30 days	Minimal impact

## STATE-SPECIFIC REQUIREMENTS

### Statutory Deadlines by State

State	Notice of Loss	Proof of Loss	Appraisal Demand	Suit Limitation	Special Requirements
California	Immediately	60 days	60 days	2 years	Inventory within 60 days
Florida	Immediately	60 days	60 days	5 years	Hurricane - 3 years
Texas	Promptly	91 days	60 days	2 years	Hail damage notice
New York	Immediately	60 days	60 days	2 years	Separate fire dept report
[Your State]	[Timeline]	[Timeline]	[Timeline]	[Timeline]	[Requirements]

## INITIAL CLAIM DOCUMENTS (CRITICAL PRIORITY)

Document	Required By	Prepared	Submitted	Date Sent	Method	Confirmed	Follow-up	Notes
First Notice of Loss	24 hours	<input type="checkbox"/>	<input type="checkbox"/>	____	Phone/Online	<input type="checkbox"/>	____	Claim # received
Initial Photo Documentation	48 hours	<input type="checkbox"/>	<input type="checkbox"/>	____	Email/Portal	<input type="checkbox"/>	____	Min 20 photos

Document	Required By	Prepared	Submitted	Date Sent	Method	Confirmed	Follow-up	Notes
Emergency Contact Form	48 hours	<input type="checkbox"/>	<input type="checkbox"/>	_____	Email	<input type="checkbox"/>	_____	All contact methods
Proof of Loss Statement	60 days*	<input type="checkbox"/>	<input type="checkbox"/>	_____	Certified Mail	<input type="checkbox"/>	_____	*State specific
Authorization to Release Info	72 hours	<input type="checkbox"/>	<input type="checkbox"/>	_____	Email/Fax	<input type="checkbox"/>	_____	HIPAA if injuries
Claim Form (Company Specific)	7 days	<input type="checkbox"/>	<input type="checkbox"/>	_____	Portal/Mail	<input type="checkbox"/>	_____	All fields complete
Coverage Verification Request	Immediate	<input type="checkbox"/>	<input type="checkbox"/>	_____	Phone	<input type="checkbox"/>	_____	Get in writing

## Critical Document Details

### Proof of Loss Requirements:

- Must be sworn statement
- Notarization may be required
- Include all damage categories
- State cause of loss clearly
- List all affected property
- Provide actual cash value and replacement cost
- Sign and date properly

## PROPERTY OWNERSHIP DOCUMENTATION (HIGH PRIORITY)

Document	Source	Required	Prepared	Submitted	Date Sent	Deadline	Confirmed
Property Deed	County Records	✓	<input type="checkbox"/>	<input type="checkbox"/>	_____	7 days	<input type="checkbox"/>
Title Insurance Policy	Title Company	✓	<input type="checkbox"/>	<input type="checkbox"/>	_____	7 days	<input type="checkbox"/>
Mortgage Statement	Lender	✓	<input type="checkbox"/>	<input type="checkbox"/>	_____	7 days	<input type="checkbox"/>

Document (Current)	Source	Required	Prepared	Submitted	Date Sent	Deadline	Confirmed
Property Tax Records (2 years)	Tax Assessor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	14 days	<input type="checkbox"/>
Survey/Plot Plan	County/Surveyor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	30 days	<input type="checkbox"/>
HOA Documents	HOA	If applicable	<input type="checkbox"/>	<input type="checkbox"/>	___	14 days	<input type="checkbox"/>
Previous Insurance Policies	Prior Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	14 days	<input type="checkbox"/>
Home Purchase Documents	Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	30 days	<input type="checkbox"/>

## DAMAGE DOCUMENTATION (CRITICAL PRIORITY)

### Photographic Evidence

Photo Type	Minimum Quantity	Resolution	Prepared	Submitted	Portal Upload	Email Sent	Deadline
Exterior - All Angles	20 photos	6MP+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 hours
Each Room - Wide Shots	4 per room	6MP+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72 hours
Each Room - Damage Detail	6 per room	6MP+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72 hours
Structural Damage	10+ photos	6MP+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72 hours
Contents - Group Shots	2 per room	6MP+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days
Contents - Individual Items	Each item >\$500	6MP+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days
Progressive Damage	Weekly updates	6MP+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing

### Video Documentation

Video Type	Duration	Format	Prepared	Submitted	Method	Confirmed	Notes
Complete	10-15 min	MP4	<input type="checkbox"/>	<input type="checkbox"/>	___	<input type="checkbox"/>	With narration

Video Type	Duration	Format	Prepared	Submitted	Method	Confirmed	Notes
Walkthrough							
Active Damage	As needed	MP4	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	If ongoing
Contents Documentation	5-10 min	MP4	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	Show all items
Structural Issues	5 min	MP4	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	Focus on damage

### Written Documentation

Document Type	Required Info	Prepared	Submitted	Method	Confirmed	Deadline
Damage Description List	Room by room	<input type="checkbox"/>	<input type="checkbox"/>	Email	<input type="checkbox"/>	7 days
Timeline of Events	Hour by hour	<input type="checkbox"/>	<input type="checkbox"/>	Email	<input type="checkbox"/>	7 days
Mitigation Log	All actions taken	<input type="checkbox"/>	<input type="checkbox"/>	Email	<input type="checkbox"/>	7 days
Cause of Loss Statement	Detailed narrative	<input type="checkbox"/>	<input type="checkbox"/>	Email	<input type="checkbox"/>	14 days

### THIRD-PARTY REPORTS (HIGH PRIORITY)

Report Type	When Required	Obtained	Submitted	Date Sent	Cost	Reimbursable	Follow-up
Police Report	Theft/Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	Yes	_____
Fire Marshal Report	Fire damage	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	Yes	_____
Weather Service Report	Storm damage	<input type="checkbox"/>	<input type="checkbox"/>	_____	Free	N/A	_____
Building Inspector Report	Code issues	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	Sometimes	_____
FEMA Declaration	Disaster area	<input type="checkbox"/>	<input type="checkbox"/>	_____	Free	N/A	_____

### ESTIMATES & PROFESSIONAL ASSESSMENTS (CRITICAL PRIORITY)

#### Contractor Estimates

Contractor	License Verified	Detailed Estimate	Prepared	Submitted	Date Sent	Amount	Notes
Contractor #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$____	Preferred
Contractor #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$____	Backup

Contractor	License Verified	Detailed Estimate	Prepared	Submitted	Date Sent	Amount	Notes
Contractor #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$_____	Comparison
Specialist (Roof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$_____	If needed
Specialist (Foundation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$_____	If needed

Expert Reports

Expert Type	Required For	Engaged	Report Received	Submitted	Cost	Key Finding
Structural Engineer	Major damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$__	_____
Industrial Hygienist	Mold/Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$__	_____
Cause & Origin	Fire/Complex loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$__	_____
Public Adjuster	Large/Complex claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%__	_____

PERSONAL PROPERTY DOCUMENTATION (HIGH PRIORITY)

Contents Inventory

Document	Detail Level	Prepared	Submitted	Format	Method	Deadline	Status
Master Inventory List	Every item	<input type="checkbox"/>	<input type="checkbox"/>	Excel/PDF	Portal	60 days	_____
High-Value Items List	Items >\$1,000	<input type="checkbox"/>	<input type="checkbox"/>	PDF	Email	14 days	_____
Electronics Serial Numbers	All electronics	<input type="checkbox"/>	<input type="checkbox"/>	Excel	Email	30 days	_____
Clothing Inventory	By category	<input type="checkbox"/>	<input type="checkbox"/>	Excel	Portal	60 days	_____
Kitchen Contents	Detailed list	<input type="checkbox"/>	<input type="checkbox"/>	Excel	Portal	60 days	_____
Furniture List	With dimensions	<input type="checkbox"/>	<input type="checkbox"/>	Excel	Portal	30 days	_____

Proof of Ownership

Document Type	Items Covered	Located	Submitted	Method	Deadline	Notes
Purchase Receipts	Major items	<input type="checkbox"/>	<input type="checkbox"/>	PDF	90 days	Scan all
Credit Card Statements	Last 2 years	<input type="checkbox"/>	<input type="checkbox"/>	PDF	60 days	Highlight items
Bank Statements	Major purchases	<input type="checkbox"/>	<input type="checkbox"/>	PDF	60 days	Relevant only
Appraisals	Jewelry/Art	<input type="checkbox"/>	<input type="checkbox"/>	PDF	30 days	Professional
Warranties/Manuals	Appliances	<input type="checkbox"/>	<input type="checkbox"/>	PDF	90 days	Model proof

Document Type	Items Covered	Located	Submitted	Method	Deadline	Notes
Photos of Items	All contents	<input type="checkbox"/>	<input type="checkbox"/>	JPG	14 days	With labels
Videos of Contents	Room by room	<input type="checkbox"/>	<input type="checkbox"/>	MP4	30 days	Narrated

## ADDITIONAL LIVING EXPENSES (MEDIUM PRIORITY)

### ALE Documentation

Expense Type	Receipts Required	Tracking Method	Prepared	Submitted	Period	Amount	Status
Hotel/Temporary Housing	All receipts	Daily log	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____
Rental Agreement	Signed lease	Copy	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____
Increased Food Costs	Restaurant receipts	Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____
Additional Transportation	Gas/Mileage	Log book	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____
Storage Unit	Contract & receipts	Monthly	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____
Laundry/Dry Cleaning	All receipts	Weekly	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____
Pet Boarding	Invoices	As incurred	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____
Utilities (Temporary)	Bills	Monthly	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$__	_____

### ALE Comparison Documentation

Normal Expense	Monthly Amount	Temporary Expense	Monthly Amount	Difference	Documentation
Mortgage/Rent	\$_____	Temporary Housing	\$_____	\$_____	Both bills
Home Utilities	\$_____	Temp Utilities	\$_____	\$_____	Both bills
Groceries	\$_____	Restaurant/Takeout	\$_____	\$_____	Receipts
Commute	\$_____	Additional Travel	\$_____	\$_____	Mileage log

## MITIGATION EXPENSES (HIGH PRIORITY)

Service/Item	Provider	Date	Purpose	Amount	Receipt	Submitted	Approved	Reimbursed
Emergency Tarp	[Company]	[Date]	Prevent water	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service/Item	Provider	Date	Purpose	Amount	Receipt	Submitted	Approved	Reimbursed
Board-up Service	[Company]	[Date]	Security	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Extraction	[Company]	[Date]	Prevent mold	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Plumber	[Company]	[Date]	Stop leak	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree Removal	[Company]	[Date]	Safety	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Rental	[Company]	[Date]	Power	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dehumidifier Rental	[Company]	[Date]	Drying	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Repairs	[Company]	[Date]	Stabilize	\$__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FINANCIAL DOCUMENTATION (MEDIUM PRIORITY)

Document	Purpose	Time Period	Located	Submitted	Method	Deadline
Bank Statements	Purchase verification	24 months	<input type="checkbox"/>	<input type="checkbox"/>	Portal	As needed
Tax Returns	Income/Property value	2 years	<input type="checkbox"/>	<input type="checkbox"/>	Secure	If requested
Income Verification	ALE calculations	Current	<input type="checkbox"/>	<input type="checkbox"/>	Email	If requested
Investment Accounts	High-value items	Current	<input type="checkbox"/>	<input type="checkbox"/>	Secure	If requested
Insurance History	Prior claims	5 years	<input type="checkbox"/>	<input type="checkbox"/>	Email	30 days

## CORRESPONDENCE & COMMUNICATION LOG

### Written Correspondence

Type	Date	Direction	Party	Subject	Response Needed	Response Date	Filed
Initial Claim Letter	[Date]	Outgoing	Insurance	Notice of loss	Acknowledgment	____	<input type="checkbox"/>
Proof of Loss	[Date]	Outgoing	Insurance	Sworn statement	Acceptance	____	<input type="checkbox"/>
Reservation of Rights	[Date]	Incoming	Insurance	Coverage issues	Review/Response	____	<input type="checkbox"/>

Type	Date	Direction	Party	Subject	Response Needed	Response Date	Filed
Settlement Offer	[Date]	Incoming	Insurance	Initial offer	Accept/Counter	____	<input type="checkbox"/>
Supplement Request	[Date]	Outgoing	Insurance	Additional damage	Approval	____	<input type="checkbox"/>

### Phone Call Documentation

Date/Time	Party	Number	Duration	Subject	Key Points	Recording	Follow-up
[Date]	Adjuster	[Phone]	[Min]	Initial report	Claim # assigned	<input type="checkbox"/>	Email confirm
[Date]	Claims Dept	[Phone]	[Min]	Coverage	Confirmed	<input type="checkbox"/>	Written confirm
[Date]	Contractor	[Phone]	[Min]	Estimate	\${Amount}	<input type="checkbox"/>	Written estimate

### Email Tracking

| Date | From | To | Subject | Attachments | Response Needed | Response Sent |

|-----|-----|----|-----|-----|-----|

| [Date] | Self | Adjuster | Initial photos | 50 photos | Acknowledgment | \_\_\_\_ |

| [Date] | Adjuster | Self | Document request | List | Send docs | \_\_\_\_ |

| [Date] | Self | Adjuster | Estimate submission | 3 PDFs | Review | \_\_\_\_ |

### SUPPLEMENTAL DOCUMENTATION (AS DISCOVERED)

#### Hidden/Additional Damage

Discovery Date	Location	Damage Type	Documentation	Submitted	Amount	Status
[Date]	[Location]	[Type]	Photos/Report	<input type="checkbox"/>	\$__	Pending
[Date]	[Location]	[Type]	Photos/Report	<input type="checkbox"/>	\$__	Pending

### Code Compliance Documentation

Code Issue	Building Dept Requirement	Documentation	Obtained	Submitted	Cost Impact
[Issue]	[Requirement]	Permit/Letter	<input type="checkbox"/>	<input type="checkbox"/>	\$____
[Issue]	[Requirement]	Inspection report	<input type="checkbox"/>	<input type="checkbox"/>	\$____



SETTLEMENT DOCUMENTATION (FINAL PHASE)

Document	Review Required	Legal Review	Prepared	Signed	Submitted	Notes
Settlement Agreement	Careful review	Recommended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all terms
Release Form	Full understanding	Recommended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Know what releasing
Final Proof of Loss	Accuracy check	If substantial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All damages included
Mortgage Company Form	If applicable	Sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For check endorsement

DEPRECIATION RECOVERY DOCUMENTATION

Item/Category	RCV Amount	ACV Paid	Depreciation	Repairs Complete	Documentation	Submitted	Recovered
Roof	\$____	\$____	\$____	<input type="checkbox"/>	Invoice/Photos	<input type="checkbox"/>	<input type="checkbox"/>
Siding	\$____	\$____	\$____	<input type="checkbox"/>	Invoice/Photos	<input type="checkbox"/>	<input type="checkbox"/>
Interior	\$____	\$____	\$____	<input type="checkbox"/>	Invoice/Photos	<input type="checkbox"/>	<input type="checkbox"/>
Contents	\$____	\$____	\$____	<input type="checkbox"/>	Receipts	<input type="checkbox"/>	<input type="checkbox"/>

SUBMISSION METHODS & PROTOCOLS

Submission Method Details

Method	Contact Info	File Limits	Best For	Confirmation Method
Email	[adjuster@insurance.com]	25MB typical	Documents/Photos	Read receipt
Claim Portal	[URL, Login]	100MB typical	All documents	Upload confirmation
Certified Mail	[Address]	No limit	Legal documents	Return receipt
Fax	[Number]	50 pages	Urgent documents	Confirmation page
Overnight	[Address]	No limit	Original documents	Tracking number
Cloud Share	[Link details]	Varies	Large files	Access confirmation

File Organization for Submission

Claim\_Submission\_[Date]/

- └─ 01\_CRITICAL\_Priority/
  - | └─ First\_Notice/
  - | └─ Proof\_of\_Loss/
  - | └─ Initial\_Photos/
- └─ 02\_HIGH\_Priority/
  - | └─ Estimates/
  - | └─ Expert\_Reports/
  - | └─ Ownership\_Docs/
- └─ 03\_MEDIUM\_Priority/
  - | └─ ALE\_Documentation/
  - | └─ Financial\_Records/
  - | └─ Additional\_Photos/
- └─ 04\_LOW\_Priority/
  - | └─ Historical\_Records/
  - | └─ Reference\_Materials/

# MISSING DOCUMENTS ACTION PLAN

## Document Recovery Strategy

Missing Document	Possible Source	Contact	Method	Timeline	Alternative
Old receipts	Credit card company	[Phone]	Online/Call	7-10 days	Statements
Contractor invoices	Contractor	[Phone]	Email	2-3 days	Estimates
Previous claims	Prior insurer	[Phone]	Written request	14 days	Agent records
Building permits	City/County	[Phone]	Online/Visit	Same day	Inspection reports

## Missing Document Declaration

For documents that cannot be obtained:

## SWORN STATEMENT OF MISSING DOCUMENTS

I, [Name], declare under penalty of perjury that the following documents cannot be provided because:

Document	Reason Unavailable	Efforts to Obtain	Alternative Provided
[Document]	[Lost in disaster]	[Actions taken]	[Alternative]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FOLLOW-UP TRACKING SYSTEM

## Document Follow-up Schedule

Document	Submitted	Follow-up 1	Follow-up 2	Follow-up 3	Escalate	Status
Proof of Loss	[Date]	[+ 7 days]	[+ 14 days]	[+ 21 days]	[+ 30 days]	_____
Estimates	[Date]	[+ 7 days]	[+ 14 days]	[+ 21 days]	[+ 30 days]	_____
ALE Request	[Date]	[+ 7 days]	[+ 14 days]	[+ 21 days]	[+ 30 days]	_____

## Response Tracking

Item Submitted	Date Sent	Expected Response	Actual Response	Acceptable	Next Action
[Item]	[Date]	[Date]	[Date]	Yes/No	[Action]

# QUALITY CONTROL CHECKLIST

## Before Submission Verification

### Documents:

- ☐ All pages included and in order
- ☐ Legible scans (300 DPI minimum)
- ☐ File sizes appropriate for method
- ☐ Naming convention followed
- ☐ Metadata preserved
- ☐ Backups created

### Photos:

- ☐ High resolution (6MP+)
- ☐ Proper lighting
- ☐ Scale references included
- ☐ Multiple angles captured
- ☐ Metadata intact
- ☐ Organized by location/date

### Financial:

- ☐ Calculations verified
- ☐ Supporting documents attached
- ☐ Receipts organized chronologically

- ☐ Bank/credit card statements highlighted
- ☐ Totals reconciled

### **Legal/Formal:**

- ☐ Signed where required
- ☐ Dated appropriately
- ☐ Notarized if necessary
- ☐ Copies retained
- ☐ Certified mail for critical items

## **IMPORTANT REMINDERS & BEST PRACTICES**

### **Critical Do's:**

1. **Keep originals** - Never send unless specifically required
2. **Date everything** - Use date stamps on all documents
3. **Get confirmations** - Track all submissions
4. **Follow up** - Don't assume receipt
5. **Stay organized** - Use consistent filing system
6. **Be thorough** - Over-document rather than under
7. **Meet deadlines** - Calendar all due dates
8. **Maintain copies** - Multiple backups
9. **Document conversations** - Follow up verbal with written
10. **Review before sending** - Check completeness

### **Critical Don'ts:**

1. **Don't delay** - Time limits are strict
2. **Don't guess** - If unsure, ask
3. **Don't exaggerate** - Accuracy is essential
4. **Don't dispose** - Keep everything until settled
5. **Don't sign blindly** - Understand all documents
6. **Don't accept verbal** - Get everything in writing
7. **Don't miss deadlines** - Extensions must be written
8. **Don't alter evidence** - Preserve originals
9. **Don't go alone** - Get help for large claims

**ESCALATION PROCEDURES**

**When to Escalate**

Issue	First Step	Timeline	Second Step	Timeline	Third Step
No response	Follow up email/call	7 days	Supervisor contact	14 days	DOI complaint
Denied coverage	Request in writing	Immediate	Review with attorney	7 days	Formal appeal
Low settlement	Provide documentation	14 days	Invoke appraisal	30 days	Legal action
Delay tactics	Document pattern	Ongoing	Supervisor/Attorney	30 days	Bad faith claim

**DOCUMENT RETENTION REQUIREMENTS**

**Retention Timeline**

Document Category	Minimum Retention	Recommended	Storage Method
Claim correspondence	7 years	Permanent	Digital + Physical
Photos/Videos	7 years	Permanent	Multiple backups
Receipts/Invoices	7 years	10 years	Digital + Physical
Settlement documents	Permanent	Permanent	Safe deposit box
Policy documents	Permanent	Permanent	Safe deposit box

**CERTIFICATION**

I certify that:

- ☐ All documents listed are accurate and authentic
- ☐ Submission tracking is current and complete
- ☐ Follow-up schedule is maintained
- ☐ All deadlines are calendared
- ☐ Backup copies are secured

**Policyholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

