

# COMPREHENSIVE INSURANCE CLAIM EXPENSE TRACKING LOG

**Document Category:** Tracking & Internal Use

**Document Number:** 28 of 33

## CLAIM IDENTIFICATION

- Policyholder Name: [Primary and Co-insured Names]
- Policy Number: [Number]
- Claim Number: [Primary claim #]
- Supplemental Claim #s: [If applicable]
- Date of Loss: [Date and time]
- Type of Loss: [Detailed description]
- Adjuster Name: [Name]
- Adjuster Phone: [Number]
- Adjuster Email: [Email]
- Public Adjuster: [If applicable]
- Attorney: [If applicable]

## COMPREHENSIVE EXPENSE TRACKING TABLE

### Legend for Categories

- **ER** - Emergency Repairs (Immediate mitigation)
- **PR** - Permanent Repairs (Restoration work)
- **MIT** - Mitigation (Water extraction, boarding, tarping)
- **ALE** - Additional Living Expenses
- **PP** - Personal Property (Contents)
- **PRO** - Professional Fees (Engineers, adjusters, attorneys)
- **DEM** - Demolition/Debris Removal
- **STG** - Storage (Contents/equipment)
- **LAB** - Labor Costs
- **MAT** - Materials
- **PERM** - Permits and Inspections

- **MISC** - Miscellaneous
- **CODE** - Code Upgrades Required

## Payment Method Codes

- **CC** - Credit Card (include last 4 digits)
- **CH** - Check (include check number)
- **CA** - Cash
- **DC** - Debit Card
- **ACH** - Electronic Transfer
- **FIN** - Financed (include lender)
- **DIR** - Direct Bill to Insurance
- **DEF** - Deferred Payment

## Main Expense Log

Date	Invoice#	Vendor/Payee	Description	Category	Qty	Unit \$	Total \$	Payment	Check#	Receipt#
[Date]	[#]	[Company]	[Detailed work]	[Code]	[#]	[\$0.00]	[\$0.00]	[Method]	[#]	[#]

## Emergency Response Expenses (First 72 Hours)

Date/Time	Vendor	Service	Authorization	Amount	Receipt	Reimbursable
[Date/Time]	[Company]	[Emergency service]	[Verbal/Written]	[\$0.00]	[#]	[Yes/No]

## Contractor Payment Schedule

Contractor	Contract Amount	Deposit	Progress Payments	Final	Balance	Lien Waiver
[Name]	[\$0.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$0.00]	[Y/N]

## DETAILED CATEGORY SUMMARIES

### 1. Emergency Repairs (ER)

Item	Cost	Insurance Approved	Paid by Insurance	Out of Pocket	Documentation
Board-up	[\$0.00]	[Y/N]	[\$0.00]	[\$0.00]	[Receipt #]
Tarping	[\$0.00]	[Y/N]	[\$0.00]	[\$0.00]	[Receipt #]

Item	Cost	Insurance Approved	Paid by Insurance	Out of Pocket	Documentation
Emergency plumbing	[\$0.00]	[Y/N]	[\$0.00]	[\$0.00]	[Receipt #]
Emergency electrical	[\$0.00]	[Y/N]	[\$0.00]	[\$0.00]	[Receipt #]
Subtotal	\$[0.00]	-	\$[0.00]	\$[0.00]	-

2. Mitigation (MIT)

Service	Company	Date	Hours	Rate	Total	Approved
Water extraction	[Company]	[Date]	[#]	[\$0.00]	[\$0.00]	[Y/N]
Drying equipment	[Company]	[Days]	[#]	[\$0.00]/day	[\$0.00]	[Y/N]
Mold prevention	[Company]	[Date]	-	-	[\$0.00]	[Y/N]
Subtotal	-	-	-	-	\$[0.00]	-

3. Permanent Repairs (PR)

Area	Scope	Contractor	Estimate	Approved	Actual	Variance
Roof	[Description]	[Name]	[\$0.00]	[\$0.00]	[\$0.00]	[\$+/-0.00]
Structure	[Description]	[Name]	[\$0.00]	[\$0.00]	[\$0.00]	[\$+/-0.00]
Interior	[Description]	[Name]	[\$0.00]	[\$0.00]	[\$0.00]	[\$+/-0.00]
Subtotal	-	-	\$[0.00]	\$[0.00]	\$[0.00]	\$[+/-0.00]

4. Additional Living Expenses (ALE)

Month	Housing	Meals	Transportation	Storage	Misc	Total	Submitted
[Month]	[\$0.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$0.00]	[Date]
Total	\$[0.00]	\$[0.00]	\$[0.00]	\$[0.00]	\$[0.00]	\$[0.00]	-

5. Personal Property (PP)

Room	Item Category	# Items	Estimated Value	Claim Amount	Paid	Depreciation
[Room]	[Category]	[#]	[\$0.00]	[\$0.00]	[\$0.00]	[\$0.00]
Total	-	[#]	\$[0.00]	\$[0.00]	\$[0.00]	\$[0.00]

6. Professional Fees (PRO)

Professional	Service	Date	Hours	Rate	Total	Reimbursable
Public Adjuster	Claim assistance	[Date]	[#]	[%]	[\$0.00]	[Y/N]

Professional	Service	Date	Hours	Rate	Total	Reimbursable
Engineer	Structural assessment	[Date]	[#]	[\$[0.00]]	[\$[0.00]]	[Y/N]
Attorney	Legal review	[Date]	[#]	[\$[0.00]]	[\$[0.00]]	[Y/N]
Subtotal	-	-	-	-	[\$[0.00]]	-

## INSURANCE PAYMENT TRACKING

### Payments Received

Date	Check#	Type	Amount	Description	Applied To	Balance
[Date]	[#]	Initial	[\$[0.00]]	[Emergency advance]	[Category]	[\$[0.00]]
[Date]	[#]	Supplemental	[\$[0.00]]	[Structure payment]	[Category]	[\$[0.00]]
[Date]	[#]	ALE	[\$[0.00]]	[Living expenses]	ALE	[\$[0.00]]
Total Received	-	-	[\$[0.00]]	-	-	[\$[0.00]]

### Depreciation Tracking

Category	Total Loss	ACV Paid	Depreciation Held	Recovery Eligible	Recovered
Dwelling	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Personal Property	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Total	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]

### Deductible Application

Coverage	Deductible Amount	Applied To	Date Applied	Receipt
Dwelling	[\$[0.00]]	[Payment/Invoice]	[Date]	[#]
Contents	[\$[0.00]]	[Payment/Invoice]	[Date]	[#]
Total	[\$[0.00]]	-	-	-

## FINANCIAL SUMMARY DASHBOARD

### Coverage Limits vs. Usage

Coverage Type	Policy Limit	Claimed	Approved	Paid	Remaining
Dwelling (Coverage A)	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Other Structures (B)	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Personal Property (C)	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]

Coverage Type	Policy Limit	Claimed	Approved	Paid	Remaining
Loss of Use (D)	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Total	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]

Out-of-Pocket Summary

Category	Total Spent	Submitted	Approved	Reimbursed	Pending	Denied
Emergency	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Repairs	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Living	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Property	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
Total	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]

CREDIT AND FINANCING TRACKING

Credit Cards Used

Card	Starting Balance	Claim Charges	Interest	Payments	Current Balance
[Last 4]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]

Loans Obtained

Lender	Amount	Date	Rate	Term	Payment	Balance
[Name]	[\$[0.00]]	[Date]	[%]	[Months]	[\$[0.00]]	[\$[0.00]]

Financial Impact Metrics

- Total Credit Used: \$[0.00]
- Interest Paid to Date: \$[0.00]
- Projected Interest: \$[0.00]
- Credit Score Impact: [Points decreased]
- Monthly Cash Flow Impact: \$[0.00]

# DISPUTE AND APPEAL TRACKING

## Disputed Items

Date	Item/Service	Amount	Reason	Status	Resolution
[Date]	[Description]	[\$0.00]	[Dispute reason]	[Open/Closed]	[Outcome]

## Supplemental Claims

Supplement#	Date Filed	Amount	Reason	Status	Decision Date
[#]	[Date]	[\$0.00]	[Hidden damage/Code]	[Pending]	[Date]

# DOCUMENT ORGANIZATION SYSTEM

## Physical Documentation

- Location: [File cabinet/Box location]
- Organization Method: [By date/category/vendor]
- Original Receipts: [Folder/Envelope]
- Copies Made: [Yes/No - Date]
- Backup Location: [Safety deposit/Other]

## Digital Documentation

- Primary Storage: [Computer/Cloud service]
- Backup Location: [External drive/Cloud]
- File Naming Convention: [YYYY-MM-DD\_Vendor\_Category]
- Scanning Resolution: [DPI]
- Last Backup Date: [Date]

## Submission Log

Date	Method	Documents Sent	Confirmation#	Response Due	Received
[Date]	[Email/Mail/Portal]	[List]	[#]	[Date]	[Y/N]

# KEY METRICS AND ANALYSIS

## Timeline Metrics

- Days Since Loss: [#]

- Days to First Payment: [#]
- Average Payment Delay: [#] days
- Project Duration: [Start] to [End]

## Financial Metrics

- Total Loss Amount: \$[0.00]
- Insurance Paid: \$[0.00]
- Out of Pocket: \$[0.00]
- Coverage Percentage: [%]
- Cost Overruns: \$[0.00]

## Vendor Performance

Vendor	Jobs	Total Paid	On Time	Quality	Would Rehire
[Name]	[#]	\$[0.00]	[%]	[1-5]	[Y/N]

## IMPORTANT REMINDERS AND NOTES

### Critical Deadlines

- Proof of Loss Due: [Date]
- Supplemental Claim Deadline: [Date]
- Depreciation Recovery Deadline: [Date]
- Statute of Limitations: [Date]

### Action Items

- ☐ Submit receipts for [Category]
- ☐ Follow up on [Pending item]
- ☐ Schedule [Inspection/Meeting]
- ☐ Request [Document/Payment]

### Lessons Learned

1. [What worked well]
2. [What to do differently]
3. [Vendor recommendations]
4. [Process improvements]

Important Contacts

Role	Name	Phone	Email	Best Time
Adjuster	[Name]	[Phone]	[Email]	[Time]
Contractor	[Name]	[Phone]	[Email]	[Time]
Public Adjuster	[Name]	[Phone]	[Email]	[Time]

AUDIT TRAIL

Log Updates

Date	Updated By	Changes Made	Reason
[Date]	[Name]	[Description]	[Why]

Reconciliation Record

Date	Reconciled With	Discrepancies	Resolution
[Date]	[Bank/Insurance statements]	[Any found]	[How resolved]

FINAL SETTLEMENT TRACKING

Settlement Summary (When Complete)

- Total Claimed: \$[0.00]
- Total Approved: \$[0.00]
- Total Paid: \$[0.00]
- Total Denied: \$[0.00]
- Net Recovery: [%]

Claim Closure Checklist

- ☐ All payments received
- ☐ All contractors paid
- ☐ Liens released
- ☐ Depreciation recovered
- ☐ Documentation archived
- ☐ Claim officially closed



**Last Updated:** [Date]

**Next Review:** [Date]

**Prepared By:** [Name]

**Reviewed By:** [Name/CPA/Attorney]

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*Note: This comprehensive tracking log is for informational purposes only. Users should customize all fields based on their specific claim and maintain accurate, contemporaneous records. Consider having documentation reviewed by a public adjuster or attorney for complex claims. Keep all original receipts and create multiple backups of all documentation.*