

COMPREHENSIVE PROPERTY DAMAGE VERIFICATION & DOCUMENTATION

[Date]

[Insurance Company Name]

Property Claims Department

[Address]

[City, State ZIP]

Re: Property Damage Verification Statement

Claim #: [Number]

Policy #: [Number]

Date of Loss: [Date]

Property Address: [Address]

Dear Claims Examiner:

This letter serves as my formal verification of property damage sustained and provides comprehensive documentation supporting my claim for \$[Total Amount].

I. VERIFICATION STATEMENT

I, [Name], hereby verify and attest that:

1. I am the owner/policyholder of the property located at [Address]
2. The property sustained damage on [Date] due to [Cause]
3. All information provided is true and accurate to the best of my knowledge
4. Documentation and evidence submitted is authentic and unaltered
5. No exaggeration or fraud is intended or implied
6. I have made reasonable efforts to document all damage
7. I will supplement this verification if additional damage is discovered
8. All estimates and assessments were obtained from licensed professionals
9. I have mitigated damages to the best of my ability
10. I am available for examination under oath if required

II. PROPERTY IDENTIFICATION

Primary Property Information

- **Legal Description:** [Lot/Block/Subdivision or legal description]
- **Parcel #:** [Tax parcel number]
- **Property Type:** [Single family/Condo/Commercial/Multi-family]
- **Year Built:** [Year]
- **Square Footage:** [Living area size]
- **Lot Size:** [Acreage or square feet]
- **Purchase Date:** [Date]
- **Purchase Price:** \$[Amount]
- **Current Market Value:** \$[Amount]
- **Most Recent Tax Assessment:** \$[Amount] as of [Date]
- **Zoning:** [Residential/Commercial/Mixed]

Additional Property Details

- **Construction Type:** [Frame/Brick/Stucco/Other]
- **Foundation Type:** [Slab/Crawl Space/Basement]
- **Number of Stories:** [#]
- **Basement:** [Yes/No - Finished/Unfinished - Sq Ft]
- **Garage:** [Attached/Detached - # of cars]
- **Recent Improvements:** [List with dates and costs]
- **Prior Claims History:** [None or brief description with dates]
- **Historic Designation:** [Yes/No - Registry details if applicable]

III. DAMAGE VERIFICATION BY AREA

EXTERIOR DAMAGE

Roofing System Complete Assessment

Component	Pre-Loss Condition	Age	Damage Description	Dimensions	Repair Method	Estimated Cost
Shingles	[Condition]	[Years]	[Type of damage]	[Sq ft]	[Replace/Repair]	[\$[Amount]]
Underlayment	[Condition]	[Years]	[Damage]	[Sq ft]	[Replace/Repair]	[\$[Amount]]
Decking	[Condition]	[Years]	[Damage]	[Sq ft]	[Replace/Repair]	[\$[Amount]]
Flashing	[Condition]	[Years]	[Damage]	[Linear ft]	[Replace/Repair]	[\$[Amount]]
Gutters	[Condition]	[Years]	[Damage]	[Linear ft]	[Replace/Repair]	[\$[Amount]]
Downspouts	[Condition]	[Years]	[Damage]	[Units]	[Replace/Repair]	[\$[Amount]]
Vents	[Condition]	[Years]	[Damage]	[Units]	[Replace/Repair]	[\$[Amount]]
Chimney	[Condition]	[Years]	[Damage]	[Description]	[Replace/Repair]	[\$[Amount]]
Skylights	[Condition]	[Years]	[Damage]	[Units]	[Replace/Repair]	[\$[Amount]]

Exterior Walls and Siding

Wall Location	Material	Square Feet	Pre-Loss	Damage Type	Damage Extent	Repair Cost
North	[Material]	[Sq ft]	[Condition]	[Damage]	[% affected]	[\$[Amount]]
South	[Material]	[Sq ft]	[Condition]	[Damage]	[% affected]	[\$[Amount]]
East	[Material]	[Sq ft]	[Condition]	[Damage]	[% affected]	[\$[Amount]]
West	[Material]	[Sq ft]	[Condition]	[Damage]	[% affected]	[\$[Amount]]
Trim	[Material]	[Linear ft]	[Condition]	[Damage]	[% affected]	[\$[Amount]]
Soffit/Fascia	[Material]	[Linear ft]	[Condition]	[Damage]	[% affected]	[\$[Amount]]

Windows and Doors Detailed

Location	Type	Manufacturer	Model	Size	Pre-Loss Age	Damage	Energy Rating	Replacement Cost
[Room] Front	[Window type]	[Brand]	[Model]	[Dimensions]	[Years]	[Damage]	[Rating]	[\$Amount]
[Room] Side	[Window type]	[Brand]	[Model]	[Dimensions]	[Years]	[Damage]	[Rating]	[\$Amount]
Front Entry	[Door type]	[Brand]	[Model]	[Dimensions]	[Years]	[Damage]	[Rating]	[\$Amount]
Rear Entry	[Door type]	[Brand]	[Model]	[Dimensions]	[Years]	[Damage]	[Rating]	[\$Amount]
Garage	[Door type]	[Brand]	[Model]	[Dimensions]	[Years]	[Damage]	[Rating]	[\$Amount]

INTERIOR DAMAGE - DETAILED ROOM ASSESSMENT

Living Areas

Room	Dimensions	Ceiling	Walls	Flooring	Trim/Molding	Fixtures	Contents	Total Damage
Living Room	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[List]	[List]	[\$Amount]
Dining Room	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[List]	[List]	[\$Amount]
Kitchen	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[List]	[List]	[\$Amount]
Family Room	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[List]	[List]	[\$Amount]
Home Office	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[List]	[List]	[\$Amount]

Bedrooms

Room	Dimensions	Ceiling	Walls	Flooring	Closets	Windows	Contents	Total Damage
Master Bedroom	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[Damage]	[List]	[\$[Amount]]
Bedroom 2	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[Damage]	[List]	[\$[Amount]]
Bedroom 3	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[Damage]	[List]	[\$[Amount]]
Guest Room	[L x W x H]	[Damage %]	[Damage %]	[Damage %]	[Damage]	[Damage]	[List]	[\$[Amount]]

Bathrooms

Bathroom	Size	Ceiling	Walls	Floor	Vanity	Toilet	Tub/Shower	Plumbing	Total
Master Bath	[Sq ft]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[\$[Amount]]
Hall Bath	[Sq ft]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[\$[Amount]]
Powder Room	[Sq ft]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[Damage]	[\$[Amount]]

SYSTEMS DAMAGE - COMPLETE ASSESSMENT

HVAC System

Component	Location	Make/Model	Age	Serial #	Damage Description	Repair/Replace	Cost
Furnace	[Location]	[Details]	[Years]	[Number]	[Damage]	[Action]	[\$[Amount]]
AC Unit	[Location]	[Details]	[Years]	[Number]	[Damage]	[Action]	[\$[Amount]]
Heat Pump	[Location]	[Details]	[Years]	[Number]	[Damage]	[Action]	[\$[Amount]]
Ductwork	[Areas]	[Type]	[Years]	N/A	[Damage]	[Action]	[\$[Amount]]
Thermostats	[Location]	[Details]	[Years]	[Number]	[Damage]	[Action]	[\$[Amount]]
Vents/Returns	[Count]	[Type]	[Years]	N/A	[Damage]	[Action]	[\$[Amount]]

Electrical System

Component	Location	Specification	Age	Damage Description	Code Compliance	Repair Cost
Main Panel	[Location]	[Amps/Brand]	[Years]	[Damage]	[Yes/No]	[\$[Amount]]
Sub Panels	[Location]	[Amps]	[Years]	[Damage]	[Yes/No]	[\$[Amount]]
Wiring	[Type]	[Gauge]	[Years]	[Damage]	[Yes/No]	[\$[Amount]]
Outlets	[Count]	[Type/GFCI]	[Years]	[Damage]	[Yes/No]	[\$[Amount]]
Switches	[Count]	[Type]	[Years]	[Damage]	[Yes/No]	[\$[Amount]]
Fixtures	[Count]	[Types]	[Years]	[Damage]	[Yes/No]	[\$[Amount]]
Smoke Detectors	[Count]	[Type]	[Years]	[Damage]	[Yes/No]	[\$[Amount]]

Plumbing System

Component	Location	Material	Age	Damage Type	Extent	Water Damage	Repair Cost
Water Heater	[Location]	[Type/Gal]	[Years]	[Damage]	[Severity]	[Yes/No]	[\$[Amount]]
Main Line	[Path]	[Material]	[Years]	[Damage]	[Feet]	[Yes/No]	[\$[Amount]]
Supply Lines	[Areas]	[Material]	[Years]	[Damage]	[Feet]	[Yes/No]	[\$[Amount]]
Drain Lines	[Areas]	[Material]	[Years]	[Damage]	[Feet]	[Yes/No]	[\$[Amount]]
Fixtures	[List]	[Types]	[Years]	[Damage]	[Count]	[Yes/No]	[\$[Amount]]
Shut-off Valves	[Count]	[Type]	[Years]	[Damage]	[Count]	[Yes/No]	[\$[Amount]]

Structural System

Component	Location	Material	Damage Type	Severity	Engineering Required	Repair Method	Cost
Foundation	[Areas]	[Type]	[Cracks/Settlement]	[Minor/Major]	[Yes/No]	[Method]	[\$[Amount]]
Load Walls	[Location]	[Material]	[Damage]	[Severity]	[Yes/No]	[Method]	[\$[Amount]]
Floor Joists	[Areas]	[Size]	[Damage]	[Severity]	[Yes/No]	[Method]	[\$[Amount]]
Ceiling Joists	[Areas]	[Size]	[Damage]	[Severity]	[Yes/No]	[Method]	[\$[Amount]]
Rafters/Trusses	[Type]	[Size]	[Damage]	[Severity]	[Yes/No]	[Method]	[\$[Amount]]
Beams	[Location]	[Material]	[Damage]	[Severity]	[Yes/No]	[Method]	[\$[Amount]]

IV. HIDDEN/LATENT DAMAGE PROTOCOL

Discovery Documentation

Discovery Date	Location	Type of Hidden Damage	How Discovered	Documentation	Estimated Cost
[Date]	[Location]	[Mold/Structural/Other]	[During demo/inspection]	[Photos #]	[\$[Amount]]
[Date]	[Location]	[Type]	[Method]	[Photos #]	[\$[Amount]]

Hidden Damage Categories

- **Behind Walls:** [Description of damage found during demolition]
- **Under Flooring:** [Description of subfloor damage]
- **Above Ceilings:** [Description of damage in ceiling cavities]
- **Inside HVAC System:** [Description of system contamination]
- **Electrical Issues:** [Description of wiring damage discovered]
- **Plumbing Problems:** [Description of pipe damage found]
- **Structural Concerns:** [Description of framing damage]

V. EMERGENCY & TEMPORARY REPAIRS

Immediate Mitigation Actions

Date	Action Taken	Contractor/Service	Purpose	Cost	Receipt #
[Date]	Tarp Installation	[Company]	Prevent water intrusion	[\$[Amount]]	[#]
[Date]	Board-up Service	[Company]	Secure property	[\$[Amount]]	[#]
[Date]	Water Extraction	[Company]	Prevent mold	[\$[Amount]]	[#]
[Date]	Power Restoration	[Company]	Temporary power	[\$[Amount]]	[#]
[Date]	Emergency Plumbing	[Company]	Stop water flow	[\$[Amount]]	[#]

Temporary Living Measures

- **Security Measures:** [Locks changed, security system, cameras]
- **Weather Protection:** [Tarps, plastic sheeting, plywood]
- **Utility Arrangements:** [Temporary power, water, gas shut-offs]
- **Content Protection:** [Moving, storage, covering items]

VI. CODE COMPLIANCE ISSUES

Building Code Requirements

Code Section	Requirement	Current Condition	Upgrade Needed	Added Cost
[Code #]	[Electrical to current code]	[Non-compliant]	[GFCI/AFCI]	[\$[Amount]]
[Code #]	[Plumbing updates]	[Non-compliant]	[Low-flow fixtures]	[\$[Amount]]
[Code #]	[Energy efficiency]	[Non-compliant]	[Insulation R-value]	[\$[Amount]]
[Code #]	[Safety requirements]	[Non-compliant]	[Railings/exits]	[\$[Amount]]
[Code #]	[Wind resistance]	[Non-compliant]	[Hurricane straps]	[\$[Amount]]

Permit Requirements

- **Building Permit:** Required for [scope] - Fee: \$[Amount]
- **Electrical Permit:** Required for [scope] - Fee: \$[Amount]
- **Plumbing Permit:** Required for [scope] - Fee: \$[Amount]
- **Mechanical Permit:** Required for [scope] - Fee: \$[Amount]

VII. EVIDENCE DOCUMENTATION

Photographic Evidence

Photo Set	Date Taken	Quantity	Subject Matter	Storage Location	Submitted
Pre-Loss	[Date]	[#]	Property condition	[Location/Cloud]	[Yes/No]
During Loss	[Date]	[#]	Active damage	[Location/Cloud]	[Yes/No]
Post-Loss	[Date]	[#]	Damage extent	[Location/Cloud]	[Yes/No]
Mitigation	[Date]	[#]	Emergency repairs	[Location/Cloud]	[Yes/No]
Contents	[Date]	[#]	Personal property	[Location/Cloud]	[Yes/No]

Video Documentation

Video #	Date/Time	Duration	Content Description	File Location	Format
V-001	[Date/Time]	[Length]	Complete walkthrough	[Location]	[MP4/MOV]
V-002	[Date/Time]	[Length]	Specific damage areas	[Location]	[MP4/MOV]
V-003	[Date/Time]	[Length]	Water intrusion active	[Location]	[MP4/MOV]

Third-Party Reports

Report Type	Professional	Company	License #	Date	Key Findings	Cost
Engineering	[Name]	[Company]	[#]	[Date]	[Structural concerns]	[\$[Amount]]
Mold Testing	[Name]	[Company]	[#]	[Date]	[Spore counts]	[\$[Amount]]
Environmental	[Name]	[Company]	[#]	[Date]	[Hazards found]	[\$[Amount]]
Moisture Mapping	[Name]	[Company]	[#]	[Date]	[Moisture levels]	[\$[Amount]]

VIII. PROFESSIONAL ASSESSMENTS

Contractor Estimates

Contractor	License #	Estimate Date	Scope of Work	Total Estimate	Notes
[Company A]	[#]	[Date]	[Full restoration]	[\$[Amount]]	[Preferred]
[Company B]	[#]	[Date]	[Full restoration]	[\$[Amount]]	[Higher due to X]
[Company C]	[#]	[Date]	[Full restoration]	[\$[Amount]]	[Lower - missing Y]

Specialist Evaluations

Specialist Type	Name	Findings	Recommendations	Report Attached
Structural Engineer	[Name]	[Key findings]	[Required repairs]	Yes
Industrial Hygienist	[Name]	[Contamination levels]	[Remediation needed]	Yes
Electrician	[Name]	[System damage]	[Replacement scope]	Yes
Plumber	[Name]	[Pipe damage]	[Re-plumbing needed]	Yes

IX. PRE-LOSS CONDITION VERIFICATION

Recent Improvements (Past 5 Years)

Year	Improvement	Contractor	Cost	Permits	Documentation
[Year]	[Kitchen remodel]	[Company]	[\$[Amount]]	[Yes/No]	[Receipts/Photos]
[Year]	[Roof replacement]	[Company]	[\$[Amount]]	[Yes/No]	[Receipts/Photos]
[Year]	[HVAC upgrade]	[Company]	[\$[Amount]]	[Yes/No]	[Receipts/Photos]

Maintenance History

System/Component	Last Service Date	Service Provider	Type of Service	Cost
HVAC	[Date]	[Company]	[Annual maintenance]	[\$[Amount]]

System/Component	Last Service Date	Service Provider	Type of Service	Cost
Roof	[Date]	[Company]	[Inspection/Repair]	[\$[Amount]]
Plumbing	[Date]	[Company]	[Drain cleaning]	[\$[Amount]]
Electrical	[Date]	[Company]	[Panel inspection]	[\$[Amount]]

X. DAMAGE CAUSATION

Primary Cause Analysis

- **Event Type:** [Hurricane/Fire/Water/Hail/Wind]
- **Date/Time of Occurrence:** [Exact date and time]
- **Duration of Event:** [Hours/Days]
- **Severity Measurements:** [Wind speed/Rainfall amount/Temperature]
- **Official Reports:** [NOAA/Weather Service/Fire Marshal]

Secondary Damage

- **Resulting From Primary:** [Water damage from roof breach]
- **Time to Discovery:** [Hours/Days after event]
- **Progression Documentation:** [How damage spread]
- **Could Have Been Prevented:** [If immediate action taken]

XI. MITIGATION VERIFICATION

Immediate Actions Taken

Priority	Action	Time After Loss	Cost	Prevented Damage	Documentation
1	[Shut off water]	[1 hour]	[\$[0]]	[Further flooding]	[Photo/Time stamp]
2	[Cover roof]	[4 hours]	[\$[Amount]]	[Interior damage]	[Receipt/Photos]
3	[Extract water]	[12 hours]	[\$[Amount]]	[Mold growth]	[Invoice/Photos]
4	[Set up drying]	[24 hours]	[\$[Amount]]	[Structural damage]	[Invoice/Photos]

Mitigation Contractor Information

- **Company Name:** [Emergency Restoration Co.]
- **Contact:** [Name and phone]
- **License #:** [Number]
- **Insurance:** [Verification available]

- **Arrival Time:** [Date/Time]
- **Work Performed:** [Detailed list]
- **Equipment Used:** [Dehumidifiers/fans/generators]

XII. CONTENTS VERIFICATION

High-Value Items

Item	Purchase Date	Original Cost	Age	Replacement Cost	Condition	Documentation
[Item]	[Date]	[\$[Amount]]	[Years]	[\$[Amount]]	[Destroyed/Damaged]	[Receipt/Photo]
[Item]	[Date]	[\$[Amount]]	[Years]	[\$[Amount]]	[Destroyed/Damaged]	[Receipt/Photo]

Room-by-Room Inventory

Room	Item Category	Quantity	Total Original Cost	Total Replacement	Salvageable
Living Room	Furniture	[#]	[\$[Amount]]	[\$[Amount]]	[Yes/No/Partial]
Living Room	Electronics	[#]	[\$[Amount]]	[\$[Amount]]	[Yes/No/Partial]
Kitchen	Appliances	[#]	[\$[Amount]]	[\$[Amount]]	[Yes/No/Partial]
Kitchen	Cookware	[#]	[\$[Amount]]	[\$[Amount]]	[Yes/No/Partial]

XIII. ADDITIONAL LIVING EXPENSES

Displacement Period

- **Start Date:** [Date property became uninhabitable]
- **Expected Duration:** [Months based on repair scope]
- **Actual Return Date:** [If known]

Expense Categories

Category	Normal Monthly	Current Monthly	Excess	Documentation
Housing	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[Lease/Hotel receipts]
Utilities	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[Bills]
Food	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[Receipts]
Transportation	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[Mileage log]
Storage	[\$[0]]	[\$[Amount]]	[\$[Amount]]	[Storage contract]

XIV. WITNESS VERIFICATION

Witness Statements

Witness #	Name	Address	Phone	Email	Relationship	What They Observed	Statement Date
1	[Full Name]	[Address]	[Phone]	[Email]	[Neighbor]	[Saw tree fall on roof]	[Date]
2	[Full Name]	[Address]	[Phone]	[Email]	[Contractor]	[Assessed initial damage]	[Date]
3	[Full Name]	[Address]	[Phone]	[Email]	[Friend]	[Helped during event]	[Date]

Professional Witnesses

Professional	Role	Company	Observations	Contact	Will Testify
[Name]	[First responder]	[Department]	[Initial scene]	[Phone]	[Yes/No]
[Name]	[Adjuster]	[Company]	[Damage assessment]	[Phone]	[Yes/No]

XV. DISCREPANCY EXPLANATIONS

Documentation Discrepancies

- **Issue:** [Describe any inconsistencies]
- **Explanation:** [Provide clarification]
- **Supporting Evidence:** [Additional documentation]

Estimate Variations

- **Why Estimates Differ:** [Different scope/materials/labor rates]
- **Preferred Estimate Rationale:** [Why choosing specific contractor]
- **Items Missing from Insurance Estimate:** [List with explanations]

XVI. SUPPLEMENTAL DAMAGE

Subsequently Discovered Damage

Discovery Date	Location	Type	Why Not Initially Found	Cost Impact	Documentation
[Date]	[Area]	[Damage type]	[Hidden by X]	[\$[Amount]]	[Photos/Report]

Discovery Date	Location	Type	Why Not Initially Found	Cost Impact	Documentation
[Date]	[Area]	[Damage type]	[Developed over time]	[\$[Amount]]	[Photos/Report]

Progressive Damage

- **Mold Growth:** [Date discovered, extent, remediation needed]
- **Structural Settling:** [Date noticed, severity, repair required]
- **System Failures:** [What failed due to initial damage]

XVII. CODE UPGRADES REQUIRED

Mandatory Upgrades

Current Code Section	Requirement	Why Triggered	Current Condition	Upgrade Cost
[Building Code §]	[Requirement]	[50% renovation rule]	[Non-compliant]	[\$[Amount]]
[Fire Code §]	[Requirement]	[Damaged system]	[Non-compliant]	[\$[Amount]]
[Energy Code §]	[Requirement]	[Wall opening]	[Non-compliant]	[\$[Amount]]

Permit Requirements

- **Building Department Contact:** [Name, Phone]
- **Permits Required:** [List all permits needed]
- **Estimated Permit Costs:** \$[Total]
- **Inspection Requirements:** [List required inspections]

XVIII. STATEMENT OF LOSS

Comprehensive Loss Summary

Category	Subcategory	Amount Claimed	Deductible	Net Claim	Documentation
Dwelling	Structure	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	Estimates attached
Dwelling	Systems	[\$[Amount]]	[\$[0]]	[\$[Amount]]	Estimates attached
Other Structures	Garage	[\$[Amount]]	[\$[0]]	[\$[Amount]]	Estimates attached
Contents	Furniture	[\$[Amount]]	[\$[0]]	[\$[Amount]]	Inventory attached
Contents	Electronics	[\$[Amount]]	[\$[0]]	[\$[Amount]]	Receipts attached
Contents	Clothing	[\$[Amount]]	[\$[0]]	[\$[Amount]]	List attached
ALE	Housing	[\$[Amount]]	[\$[0]]	[\$[Amount]]	Receipts attached
ALE	Other	[\$[Amount]]	[\$[0]]	[\$[Amount]]	Receipts attached

Category	Subcategory	Amount Claimed	Deductible	Net Claim	Documentation
Code Upgrades	Various	[\$Amount]	[\$0]	[\$Amount]	Code citations
TOTAL		[\$Amount]	[\$Amount]	[\$Amount]	

XIX. FRAUD WARNING ACKNOWLEDGMENT

I understand and acknowledge that:

- Insurance fraud is a felony punishable by imprisonment and fines
- Penalties may include denial of claim and policy cancellation
- All statements are subject to investigation and verification
- Misrepresentation voids coverage and may result in prosecution
- I may be required to provide additional documentation
- I may be examined under oath regarding this claim

XX. CERTIFICATION

I certify under penalty of perjury that:

1. All information provided is true and correct to the best of my knowledge
2. No damage has been exaggerated or fabricated
3. All documentation is authentic and unaltered
4. I have insurable interest in the property
5. No other insurance covers this loss except as disclosed
6. All contractors and professionals quoted are properly licensed
7. I will cooperate fully with the claim investigation
8. I will notify the insurer of any additional damage discovered
9. I understand my duties under the policy after a loss
10. I have read and understand all statements in this document

XXI. RIGHT TO AUDIT

I acknowledge the insurance company's right to:

- Inspect the property at reasonable times
- Review all documentation and receipts
- Interview witnesses and contractors

- Obtain additional records as needed
- Conduct examination under oath
- Request proof of loss within policy timeframes
- Require cooperation in claim investigation
- Subpoena records if necessary
- Use experts to evaluate damage
- Investigate potential fraud

XXII. SIGNATURE VERIFICATION

By my signature below, I verify all information contained in this letter and attached documentation is true, accurate, and complete. I understand that any false statements may void coverage and result in legal action.

Signature

Print Name: [Name]

Date: [Date]

Co-Insured Signature (if applicable)

Print Name: [Name]

Date: [Date]

Witnessed by:

Print Name: [Name]

Relationship: [Relationship to insured]

Date: [Date]

NOTARIZATION

State of [State]

County of [County]

On this [day] day of [month], [year], before me, a Notary Public, personally appeared [Name], who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this verification, and acknowledged that he/she executed the same in his/her authorized capacity, and that by his/her

signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of [State] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public

My Commission Expires: [Date]

[Notary Seal]

ATTACHMENTS

Required Attachments:

- ☐ Complete photographic evidence (minimum 50 photos)
- ☐ Video walkthrough documentation
- ☐ Three professional estimates (licensed contractors)
- ☐ Receipts for all mitigation expenses
- ☐ Complete personal property inventory with values
- ☐ Ownership documents (deed, mortgage statement)
- ☐ Supporting statements from witnesses
- ☐ Weather/incident reports from official sources
- ☐ Previous insurance correspondence
- ☐ Proof of additional living expenses

Optional but Recommended:

- ☐ Engineer's structural report
 - ☐ Environmental testing results
 - ☐ Thermal imaging documentation
 - ☐ Moisture mapping reports
 - ☐ Code upgrade requirements from building department
 - ☐ Historical photos showing pre-loss condition
 - ☐ Maintenance records for damaged systems
 - ☐ Appraisals for high-value items
-

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