

FIRE DAMAGE CLAIM LETTER

Document Category: Structural & Property-Specific

Document Number: 03 of 33

[Your Name]

[Your Address]

[City, State ZIP]

[Phone Number]

[Email Address]

[Date]

SENT VIA CERTIFIED MAIL, EMAIL, AND FAX

Tracking #: [Number]

[Insurance Carrier Name]

Major Loss/Catastrophe Claims Unit

[Carrier Address]

[City, State ZIP]

Attention: Large Loss Team Leader

Copy to: Claims Vice President

Re: FIRE LOSS CLAIM - MAJOR LOSS REQUIRING IMMEDIATE RESPONSE

- Policy Number: [Policy #]
- Claim Number: [Claim #]
- Date of Loss: [Date of Loss]
- Time of Loss: [Specific time]
- Loss Location: [Loss Location]
- Fire Department Report #: [Report Number]
- Fire Marshal Case #: [If applicable]
- Loss Type: ☐ Total Loss ☐ Major Loss ☐ Partial Loss

Dear Major Loss Claims Team:

I am submitting this comprehensive fire damage claim for the devastating fire that occurred at my insured property on [Date of Loss] at approximately [time]. The fire resulted in [total/partial] loss of the

structure and contents. The Fire Department responded with [number] units, and their official report (# [Report Number]) is attached.

IMMEDIATE SAFETY AND SECURITY STATUS

Current Property Condition:

- Structure stability: ☐ Safe ☐ Compromised ☐ Condemned
- Property secured by: [Board-up company, date, cost]
- Temporary fencing: ☐ Installed ☐ Needed
- 24-hour security: ☐ In place ☐ Needed
- Utilities status: ☐ All disconnected ☐ Partial service
- Weather protection: ☐ Tarpred ☐ Exposed areas

I. FIRE INCIDENT DETAILS

Fire Origin and Cause

Fire Department Determination:

- Point of origin: [Specific location in structure]
- Preliminary cause: [Per FD report]
- Classification: ☐ Accidental ☐ Undetermined ☐ Under Investigation
- Fire Marshal investigation: ☐ Complete ☐ Ongoing ☐ Not required

Discovery and Response Timeline:

- Fire discovered: [Time] by [who]
- 911 called: [Time]
- FD arrival: [Time]
- Fire under control: [Time]
- Fire extinguished: [Time]
- Scene released: [Date/Time]

Fire Spread Pattern:

- Initial area: [Where started]
- Spread path: [How fire traveled]
- Breached areas: [Walls/ceilings/floors]

- Flashover occurred: ☐ Yes ☐ No
- Backdraft conditions: ☐ Yes ☐ No

Emergency Response Details

Fire Department Response:

- Station(s) responding: [List]
- Units deployed: [Engine/Ladder/Chief numbers]
- Personnel on scene: [Approximate number]
- Water used: [Estimated gallons]
- Ventilation performed: ☐ Vertical ☐ Horizontal
- Salvage operations: ☐ Performed ☐ Not possible

Additional Emergency Services:

- EMS units: [If injuries]
- Police units: [For traffic/security]
- Utility companies: [Gas/Electric responses]
- Red Cross assistance: ☐ Provided ☐ Declined

II. STRUCTURAL DAMAGE ASSESSMENT

Complete Loss Areas

Destroyed Sections (100% Loss):

Area/Room	Square Footage	Contents Lost	Structural Elements
[Room]	[Sq ft]	Total loss	Roof, walls, floor
[Room]	[Sq ft]	Total loss	[Elements]
[Continue for all destroyed areas]			

Total Destroyed Square Footage: [Amount]

Fire Damage by Building Component

Roof System:

- Burned through: [Sq ft]
- Charred/damaged: [Sq ft]

- Smoke damaged: [Sq ft]
- Structural compromise: [Describe]
- Replacement required: [%]

Exterior Walls:

- Fire penetration: [Locations]
- Heat damage: [Linear feet]
- Smoke staining: [Sq ft]
- Structural integrity: [Assessment]
- Windows destroyed: [Number]

Interior Structure:

- Load-bearing walls affected: [Which ones]
- Floor joists damaged: [Locations]
- Ceiling joists/trusses: [Condition]
- Stairways: [Condition]
- Structural engineer required: ☐ Yes ☐ No

Foundation:

- Heat spalling observed: ☐ Yes ☐ No
- Structural cracks: [Locations]
- Stability assessment: [Status]

Smoke and Soot Damage Assessment

Smoke Migration Zones:

Zone 1 - Heavy Smoke Damage:

- Areas: [List rooms/areas]
- Surface contamination: Heavy soot
- Odor level: Severe
- Cleaning feasibility: [Professional required]

Zone 2 - Moderate Smoke Damage:

- Areas: [List rooms/areas]

- Surface contamination: Visible soot
- Odor level: Moderate
- Cleaning protocol: [HEPA/chemical]

Zone 3 - Light Smoke Damage:

- Areas: [List rooms/areas]
- Surface contamination: Light film
- Odor level: Noticeable
- Cleaning protocol: [Professional cleaning]

Water Damage from Firefighting

Water Intrusion Mapping:

- Volume estimated: [Gallons]
- Standing water depth: [Inches where applicable]
- Affected areas: [List all]
- Basement flooding: [Depth if applicable]

Water Damage by Area:

- Ceilings collapsed: [Locations]
- Drywall saturated: [Sq ft]
- Flooring damaged: [Type and sq ft]
- Insulation saturated: [Locations]

Mitigation Performed:

- Water extraction: [Date, company]
- Drying equipment: [Number and type]
- Dehumidification: [Equipment deployed]
- Anti-microbial applied: ☐ Yes ☐ No

III. SYSTEMS AND UTILITIES DAMAGE

Electrical System

Main Panel:

- Condition: ☐ Destroyed ☐ Heat damaged ☐ Smoke only
- Service entrance: [Condition]
- Meter base: [Condition]
- Utility disconnect required: [Date]

Branch Circuits:

- Circuits destroyed: [Number]
- Rewiring required: [% of home]
- Code upgrades required: [List]
- Estimated cost: \$[Amount]

HVAC System

Equipment Status:

- Furnace/Air handler: ☐ Destroyed ☐ Smoke damaged ☐ Salvageable
- AC condenser: [Condition]
- Ductwork: [% requiring replacement]
- Smoke contamination: [Entire system affected?]

Required Actions:

- Complete replacement: ☐ Yes ☐ No
- Professional cleaning: ☐ Yes ☐ No
- Code upgrades: [What's required]

Plumbing System

Supply Lines:

- Heat damage: [Locations]
- Burst pipes: [Number and locations]
- Fixture damage: [List]

Drain System:

- Heat damage: [PVC/ABS affected]
- Vent stacks: [Condition]
- Sewer line: [Condition]

IV. PERSONAL PROPERTY LOSSES

Total Loss Contents Inventory

Master Bedroom:

Item Category	Description	Quantity	Age	Replacement Cost
Furniture	King bed set, [brand]	1	[Age]	\${Amount}
Electronics	TV, [size/brand]	1	[Age]	\${Amount}
Clothing	Complete wardrobe	All	Varied	\${Amount}
Jewelry	[Description]	[Items]	[Age]	\${Amount}
[Continue detailed inventory]				

Room Total: \${Amount}

[Repeat for each room with losses]

High-Value Items Documentation

Scheduled/Valuable Items:

- Jewelry appraisals: [Attached]
- Artwork documentation: [Attached]
- Antiques/collectibles: [Documentation]
- Electronics serials: [List attached]
- Business equipment: [Inventory attached]

Special Categories:

- Cash destroyed: \${Amount} (up to policy limit)
- Important documents: [List - passports, deeds, etc.]
- Prescription medications: [Replacement needed]
- Family heirlooms: [Irreplaceable items noted]

Business Personal Property

Home Office/Business Items:

- Computers/servers: [Details]
- Business inventory: [If applicable]

- Business records: [Description]
- Professional equipment: [List]

Business Property Total: \$[Amount]

V. ADDITIONAL LIVING EXPENSES (ALE)

Immediate Housing Needs

Current Temporary Housing:

- Location: [Hotel/rental address]
- Occupants: [Number of people]
- Pets: [Number and type]
- Daily/Monthly rate: \$[Amount]
- Booking confirmation: [Attached]

Long-term Housing Requirements:

- Comparable rental needed: [Bedrooms/baths]
- School district requirement: [If applicable]
- Pet-friendly needed: ☐ Yes ☐ No
- Estimated duration: [Months]
- Market rate: \$[Amount/month]

Additional Living Expenses Detail

Monthly ALE Calculation:

- Temporary housing: \$[Amount]
- Increased food costs: \$[Amount]
- Additional transportation: \$[Amount]
- Laundry/dry cleaning: \$[Amount]
- Storage unit: \$[Amount]
- Pet boarding: \$[Amount]
- **Total Monthly ALE:** \$[Amount]

One-time Expenses:

- Emergency clothing: \$[Amount]

- Emergency toiletries: \$[Amount]
- Temporary furniture rental: \$[Amount]
- Utility deposits: \$[Amount]

VI. COVERAGE ANALYSIS

Policy Coverages and Limits

Coverage A - Dwelling:

- Policy limit: \$[Amount]
- Replacement cost: ☐ Yes ☐ No
- Extended replacement: [%] = \$[Amount]
- Building code coverage: [% or amount]

Coverage B - Other Structures:

- Policy limit: [% of A] = \$[Amount]
- Structures affected: [List]

Coverage C - Personal Property:

- Policy limit: [% of A] = \$[Amount]
- Replacement cost: ☐ Yes ☐ No
- Special limits apply: [List categories]

Coverage D - Loss of Use:

- Policy limit: [% of A] = \$[Amount]
- Time limit: [If any]

Additional Coverages:

- Debris removal: \$[Amount]
- Tree removal: \$[Amount]
- Fire department charges: \$[Amount]
- Ordinance or law: \$[Amount]

Replacement Cost Verification

Dwelling Replacement Estimate:

- Square footage: [Amount]
- Quality level: [Builder grade/Custom/Luxury]
- Cost per sq ft: \$[Amount]
- Total replacement cost: \$[Amount]
- Policy limit adequate: ☐ Yes ☐ No

VII. PROFESSIONAL ASSESSMENTS

Restoration Contractor Estimates

Contractor #1: [Name, License #]

- Emergency services: \$[Amount]
- Demolition: \$[Amount]
- Structural repairs: \$[Amount]
- Reconstruction: \$[Amount]
- **Total Estimate:** \$[Amount]

Contractor #2: [Name, License #]

- [Same categories]
- **Total Estimate:** \$[Amount]

Contractor #3: [Name, License #]

- [Same categories]
- **Total Estimate:** \$[Amount]

Specialist Reports

Structural Engineer:

- Engineer: [Name, PE #]
- Inspection date: [Date]
- Findings: [Summary]
- Repairs required: [List]
- Report attached: ☐ Yes

Industrial Hygienist:

- Testing for: [Asbestos/Lead/Air quality]
- Results: [Summary]
- Remediation required: ☐ Yes ☐ No
- Report attached: ☐ Yes

Contents Restoration Specialist:

- Company: [Name]
- Salvageable items: [List]
- Pack-out performed: [Date]
- Storage location: [Address]
- Cleaning estimate: \$[Amount]

VIII. CODE COMPLIANCE REQUIREMENTS

Building Code Upgrades Required

Triggered Code Requirements:

- Damage exceeds [%] requiring full code compliance
- Electrical to current NEC: \$[Amount]
- Plumbing to current code: \$[Amount]
- Energy efficiency requirements: \$[Amount]
- Accessibility requirements: \$[Amount]
- Fire safety upgrades: \$[Amount]
- **Total Code Upgrades:** \$[Amount]

Permits Required

- Demolition permit: \$[Amount]
- Building permit: \$[Amount]
- Electrical permit: \$[Amount]
- Plumbing permit: \$[Amount]
- Mechanical permit: \$[Amount]
- **Total Permit Costs:** \$[Amount]

IX. IMMEDIATE NEEDS AND REQUESTS

Urgent Actions Required (Within 24-48 Hours)

1. Large Loss Team Assignment:

- Experienced adjuster for major/total losses
- Dedicated claim representative
- Direct contact information

2. Emergency Advance Payment:

- Immediate ALE advance: \$[Amount]
- Emergency personal property: \$[Amount]
- Debris removal authorization

3. Professional Coordination:

- Approve pack-out company
- Authorize structural engineer
- Approve emergency demolition

4. Documentation Needs:

- Proof of Loss forms
- Advance payment authorization
- Direct deposit setup

Ongoing Support Requirements

Weekly During Claim:

- Status updates on investigation
- Payment timeline updates
- Scope approval progress
- Issue resolution meetings

X. DOCUMENTATION PROVIDED

Comprehensive Evidence Package

Tab 1 - Official Reports:

- Fire Department report
- Fire Marshal report (if available)
- Police report (if applicable)
- Building inspector condemnation (if issued)

Tab 2 - Photographic Evidence:

- Exterior photos ([number])
- Interior photos by room ([number])
- Contents photos ([number])
- Drone footage (if available)
- Video walkthrough

Tab 3 - Professional Documentation:

- Contractor estimates (3)
- Engineer report
- Restoration company scope
- Code official requirements

Tab 4 - Property Documentation:

- Deed and mortgage information
- Property tax records
- Recent appraisal (if available)
- Home inventory (pre-loss)
- Improvement receipts

Tab 5 - Financial Impact:

- ALE receipts to date
- Emergency expense receipts
- Lost wages documentation
- Business interruption (if applicable)

XI. SALVAGE AND DEBRIS

Salvage Operations

Items Potentially Salvageable:

- Contents removed: [List categories]
- Storage location: [Address]
- Restoration company: [Name]
- Estimated restoration cost: \$[Amount]

Debris Removal

Scope of Debris:

- Structural debris: [Cubic yards estimate]
- Contents debris: [Cubic yards estimate]
- Hazardous materials: [Asbestos/lead if present]
- Removal contractor: [Name if selected]
- Estimated cost: \$[Amount]

XII. INSURANCE COVERAGE CONFIRMATION

Understanding of Coverage

I understand my policy provides:

- Full replacement cost for dwelling (less deductible)
- Full replacement cost for contents (if applicable)
- Additional living expenses during restoration
- Debris removal coverage
- Code upgrade coverage to limits

Deductible Acknowledgment

- Standard deductible: \$[Amount]
- No separate fire deductible applies
- Deductible applies once to entire claim

XIII. CLAIM PROCESSING EXPECTATIONS

Based on the magnitude of this loss, I expect:

Immediate Phase (Days 1-7):

- Large loss team assignment
- Comprehensive inspection
- Emergency payment authorization
- ALE establishment
- Temporary repairs authorized

Assessment Phase (Days 8-30):

- Complete scope development
- Contents inventory review
- Coverage determination letter
- Substantial advance payment
- Selection of contractors

Restoration Phase (Months 1-12+):

- Regular progress payments
- Supplemental claims as needed
- Code compliance approvals
- Final settlement negotiation
- Certificate of completion

XIV. COMMUNICATION PROTOCOLS

Designated Contacts

Primary Insured Contact:

- Name: [Your name]
- Best phone: [Number]
- Email: [Address]
- Available: [Best times]

Authorized Representatives:

- Public Adjuster: [Name, License #]
- Attorney: [If retained]
- Contractor: [Once selected]
- Family member: [If authorized]

Communication Preferences

- Written confirmations required for all decisions
- Email copies of all correspondence
- Weekly status calls requested
- Direct adjuster cell phone needed

XV. CONCLUSION

This fire has resulted in devastating losses to my family home and possessions. The extent of damage requires immediate, comprehensive response from [Insurance Company]'s large loss team. I have taken all necessary emergency measures to secure the property and mitigate damages.

I have been a loyal policyholder for [years] and have maintained continuous coverage with all premiums current. I trust [Insurance Company] will handle this claim with the professionalism and urgency it requires, helping my family recover from this devastating event.

Time is critical for several reasons:

1. Property security and weather protection
2. Family housing and stability needs
3. Prevention of further damage
4. Contractor availability in current market
5. Material costs escalating daily

Please acknowledge receipt of this claim immediately and provide direct contact information for the assigned large loss team. I am available for inspection at any time and will cooperate fully with your investigation.

Thank you for your immediate attention to this major loss claim.

Respectfully submitted,

[Your Signature]

[Your Printed Name]

[Date]

cc:

- [Mortgagee Name and Address]
- [Public Adjuster] (if retained)
- [Insurance Agent]
- [State Department of Insurance] (if needed)
- File

POST-SUBMISSION CHECKLIST

Immediate Actions:

- ☐ Confirm receipt within 24 hours
- ☐ Secure property completely
- ☐ Document ongoing expenses
- ☐ Maintain claim diary
- ☐ Photograph any changes

Within First Week:

- ☐ Meet with adjuster
- ☐ Complete detailed inventory
- ☐ Obtain multiple estimates
- ☐ Establish ALE arrangements
- ☐ Begin contents restoration

Ongoing Requirements:

- ☐ Weekly photo documentation
 - ☐ Save all receipts
 - ☐ Document all conversations
 - ☐ Review coverage limits
 - ☐ Consider professional representation
-

Note: This template is for informational purposes only and does not constitute legal advice. Fire claims are often the most complex insurance claims due to the extent of damage and multiple coverage implications. Consider engaging a public adjuster for large losses, as they can help maximize your recovery and navigate the complex claim process. Document everything extensively before any debris removal or demolition.