

SUPPLEMENTAL CLAIM DOCUMENTATION LETTER

Comprehensive Template with Detailed Guidance

HEADER SECTION

[Your Full Legal Name]

[Street Address]

[City, State ZIP Code]

[Primary Phone Number]

[Secondary Phone Number]

[Email Address]

[Current Date - Written formally as: Month DD, YYYY]

[Insurance Carrier Full Legal Name]

Claims Department - Supplemental Claims Division

[Attention: Specific Adjuster Name if known]

[Street Address]

[City, State ZIP Code]

Via: [Certified Mail #, Email, Fax - specify all methods used]

SUBJECT LINE

Re: URGENT - Supplemental Claim for Additional Damages Discovered During Repairs

Policy Number: [Complete Policy Number including all prefixes/suffixes]

Claim Number: [Full Claim Number as assigned]

Original Date of Loss: [Exact date of initial incident]

Date of Initial Claim Filing: [When first reported]

Current Supplemental Request Amount: \$[Exact amount to nearest dollar]

Total Revised Claim Amount: \$[Original + Supplemental]

OPENING STATEMENT

Dear [Adjuster's Full Name or "Claims Department" if name unknown]:

I am writing to formally document and request coverage for significant additional damages that have been discovered during the ongoing repair process at my property. These damages were completely hidden and could not have been identified during the initial inspection due to their concealed nature. They are directly and causally related to the original covered loss event and require immediate attention to prevent further deterioration of my property.

This supplemental claim is submitted in accordance with:

- Policy provisions section [cite specific section numbers]
 - [State] Insurance Code Section [cite relevant statute]
 - The continuing duty to disclose damages as discovered
 - The obligation to mitigate further loss
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SECTION 1: ORIGINAL CLAIM STATUS AND TIMELINE

Initial Claim Processing Summary:

- Date of Loss: [Exact date and approximate time]
- Date Reported to Carrier: [Date and time, method of reporting]
- Claim Number Assigned: [Full number]
- Initial Inspection Date: [Date, inspector name, duration]
- Initial Estimate Amount: \$[Amount]
- Initial Payment Received: \$[Amount after deductible]
- Date of Initial Payment: [Date received]
- Check/EFT Number: [Reference number]
- Deductible Applied: \$[Amount]

Repair Timeline:

- Contractor Selected: [Date, Company Name, License #]
 - Permits Obtained: [Date, Permit Numbers]
 - Work Commenced: [Exact date]
 - Discovery of Hidden Damage: [Date, time, circumstances]
 - Work Stoppage Date: [When stopped pending approval]
 - Days of Delay to Date: [Number]
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SECTION 2: DETAILED DESCRIPTION OF NEWLY DISCOVERED DAMAGES

A. HIDDEN STRUCTURAL DAMAGE

Load-Bearing Components:

- **Location:** [Specific description - e.g., "Main support beam spanning kitchen to living room, coordinates 14-16 feet from north wall"]
- **Nature of Damage:** [Detailed description - e.g., "Complete structural compromise due to prolonged moisture exposure, wood rot extending 8 feet along beam length, compression failure at support points"]
- **Why Not Initially Visible:** [Explanation - e.g., "Concealed by drywall ceiling, insulation, and HVAC ductwork. Only revealed when ceiling removed for initial repairs"]
- **Immediate Safety Concern:** [Yes/No and explanation]
- **Engineering Assessment:** [If obtained - Engineer name, license #, report date]
- **Repair Method Required:** [Specific approach needed]
- **Cost to Repair:** \$[Amount with breakdown]
 - Materials: \$[Amount]
 - Labor: \$[Amount]
 - Engineering/Permits: \$[Amount]

Foundation/Framing Issues:

- **Affected Areas:** [Square footage, specific rooms]
- **Severity Assessment:** [Critical/Severe/Moderate]
- **Code Compliance Issues:** [What current codes require]
- **Repair Specifications:** [Detailed requirements]

B. WATER AND MOLD DAMAGE

Concealed Water Damage:

- **Behind Walls - Locations:**
 - Master Bedroom North Wall: [Description, moisture reading %, area affected]
 - Hallway Adjacent to Bathroom: [Description, extent]
 - Kitchen Backsplash Area: [Description, complications]
- **Under Flooring Systems:**
 - Subfloor Damage: [Square footage, rooms affected]

- Joist Deterioration: [Number of joists, linear feet]
- Vapor Barrier Failure: [If applicable]
- **Attic/Ceiling Assemblies:**
 - Insulation Saturation: [R-value loss, square footage]
 - Decking Damage: [Sheets affected, structural concern]
 - Ventilation Compromise: [Impact on home systems]

Mold Remediation Requirements:

- **Type of Mold Identified:** [If tested - include lab report reference]
- **Affected Surface Area:** [Square footage by location]
- **Containment Protocol Required:** [IICRC S520 standards referenced]
- **Air Quality Impact:** [If tested - spore counts]
- **Health Hazard Level:** [Based on type and extent]
- **Remediation Protocol:**
 - Containment setup: \$[Amount]
 - Removal and disposal: \$[Amount]
 - Treatment application: \$[Amount]
 - Clearance testing: \$[Amount]
 - Total Remediation: \$[Total amount]

C. CODE COMPLIANCE AND UPGRADE REQUIREMENTS

Discovered During Permit Process:

- **Electrical Code Violations Found:**
 - Specific violations: [List each with code reference]
 - Required upgrades: [Detailed list]
 - Cannot repair without addressing: [Explanation]
 - Cost for code compliance: \$[Amount]
- **Plumbing Code Issues:**
 - Outdated materials discovered: [Specify]
 - Required replacements: [List]
 - Compliance cost: \$[Amount]
- **Building Code Updates Since Original Construction:**

- Fire blocking requirements: [If applicable]
- Egress window requirements: [If applicable]
- Insulation/energy requirements: [If applicable]
- Total code compliance cost: \$[Amount]

D. MECHANICAL SYSTEMS DAMAGE

Electrical System:

- **Damage Description:** [Detailed - e.g., "Corrosion of main panel bus bars, deterioration of 6 circuit breakers, compromise of grounding system"]
- **Safety Hazard Assessment:** [Immediate/Serious/Moderate]
- **Required Repairs:** [Component list with specifications]
- **Licensed Electrician Quote:** \$[Amount]
- **Contractor:** [Name, License #, Contact]

Plumbing System:

- **Hidden Pipe Damage:** [Linear feet, type of pipe, locations]
- **Fixture Damage:** [List affected fixtures]
- **Supply Line Issues:** [Specific problems]
- **Drain/Waste Issues:** [If applicable]
- **Total Plumbing Repairs:** \$[Amount]

HVAC System:

- **Ductwork Damage:** [Linear feet, locations]
- **Equipment Damage:** [Components affected]
- **Efficiency Loss:** [If measurable]
- **Required Repairs/Replacement:** [Detailed scope]
- **HVAC Contractor Quote:** \$[Amount]

SECTION 3: TOTAL SUPPLEMENTAL CLAIM CALCULATION

SUMMARY OF SUPPLEMENTAL DAMAGES:

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Structural Repairs: \$[Amount]

Water Damage Mitigation: \$[Amount]
Mold Remediation: \$[Amount]
Code Compliance Upgrades: \$[Amount]
Electrical System: \$[Amount]
Plumbing System: \$[Amount]
HVAC System: \$[Amount]
Additional Living Expenses: \$[Amount]
Emergency Mitigation: \$[Amount]
Professional Services: \$[Amount]

SUBTOTAL: \$[Amount]
General Contractor O&P (20%):\$[Amount]

TOTAL SUPPLEMENTAL: \$[Amount]

SECTION 4: DISCOVERY CIRCUMSTANCES AND DOCUMENTATION

How Damage Was Discovered:

The additional damage was revealed on [date] at approximately [time] when [contractor name and title] was performing [specific work being done]. Specifically:

- 1. Initial Work Being Performed:** [Detailed description of what repair work was underway]
- 2. Discovery Moment:** [Exact description - e.g., "Upon removing the water-damaged drywall in the master bedroom to begin repairs, the contractor discovered extensive mold growth and structural wood rot extending into the wall cavity and affecting the load-bearing studs"]
- 3. Why Damage Was Not Visible Earlier:**
 - Concealed by: [List all concealing factors]
 - No visible indicators: [Explain why no signs were present]
 - Required destructive discovery: [What had to be removed]
- 4. Immediate Actions Taken:**
 - Work stopped at [time] on [date]
 - Area photographed and documented
 - You were notified via [method] at [time]
 - Temporary protection installed: [Describe]
 - Expert consultations arranged: [If applicable]

Professional Verification:

- **General Contractor Statement:**

- Name: [Full name]
- Company: [Business name]
- License #: [State license number]
- Years of Experience: [Number]
- Discovery Report Attached: Yes [Reference attachment number]

- **Specialist Reports** (if applicable):

- Structural Engineer: [Name, License #, Report date]
 - Mold Assessor: [Name, Certification #, Report date]
 - Industrial Hygienist: [Name, Credentials, Report date]
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SECTION 5: SUPPORTING DOCUMENTATION PROVIDED

The following documentation is attached/enclosed to support this supplemental claim:

ATTACHMENT CHECKLIST:

- ☐ **Attachment A:** Detailed supplemental estimate from contractor (itemized)
 - ☐ **Attachment B:** Photographic documentation (numbered and labeled)
 - Photos 1-10: Structural damage
 - Photos 11-20: Water/mold damage
 - Photos 21-30: Code violations discovered
 - Photos 31-40: Systems damage
 - ☐ **Attachment C:** Contractor's formal discovery report
 - ☐ **Attachment D:** Engineering assessment (if applicable)
 - ☐ **Attachment E:** Mold test results (if performed)
 - ☐ **Attachment F:** Original scope of work for comparison
 - ☐ **Attachment G:** Code compliance requirements from building department
 - ☐ **Attachment H:** Additional expert reports
 - ☐ **Attachment I:** Moisture mapping documentation
 - ☐ **Attachment J:** Video documentation (on USB drive or cloud link)
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SECTION 6: COVERAGE POSITION AND LEGAL BASIS

Why These Damages Are Covered:

1. **Direct Physical Loss:** All discovered damages are the direct result of the original covered peril [specify peril] and represent continuous, uninterrupted damage from that single occurrence.
 2. **Ensuing Loss Provision:** The hidden damages are ensuing losses from the original covered cause of loss, discovered only when repairs commenced.
 3. **No Exclusions Apply:**
 - Not wear and tear (sudden and accidental)
 - Not maintenance related (direct result of covered loss)
 - Not a separate occurrence (continuous from original event)
 - Within policy period (discovered during claim period)
 4. **Policy Provisions Supporting Coverage:**
 - Section [X.X]: "Coverage for direct physical loss"
 - Section [X.X]: "Reasonable repairs provision"
 - Section [X.X]: "Hidden damage clause" (if applicable)
 5. **State Law Requirements:**
 - [State] Insurance Code § [Number]: [Relevant provision]
 - Case Law: [Cite any favorable precedents if known]
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SECTION 7: MITIGATION EFFORTS AND URGENCY

Current Mitigation Measures:

- Temporary weatherproofing installed: [Describe]
- Dehumidifiers running: [Number, locations]
- Affected areas isolated: [How]
- Security measures: [If property is vulnerable]
- Utilities status: [What's on/off and why]

Consequences of Delay:

- **Daily deterioration:** [Specific concerns]
- **Weather exposure:** [Current/forecast conditions]
- **Contractor availability:** [Risk of losing contractor]
- **Cost escalation:** [Estimated daily increase]
- **Safety hazards:** [Specific risks to occupants]

- **Additional living expenses:** \$[Daily amount accruing]

Time-Sensitive Factors:

- Contractor crew available only until: [Date]
 - Material prices locked until: [Date]
 - Permit expires: [Date]
 - Seasonal weather concerns: [Specify]
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SECTION 8: REQUESTED ACTIONS AND TIMELINE

Immediate Actions Requested:

1. Within 24 Hours:

- Acknowledge receipt of this supplemental claim
- Assign senior adjuster if necessary
- Authorize emergency mitigation continuation

2. Within 48-72 Hours:

- Schedule reinspection (I am available: [provide multiple options])
- Review submitted documentation
- Provide preliminary coverage position

3. Within 5 Business Days:

- Issue written approval of supplemental amount
- Process payment or provide written explanation of any denial
- Authorize contractor to proceed with all repairs

4. If Inspection Needed:

- Available dates/times: [List several options]
 - Can accommodate emergency inspection
 - Will have contractor present if requested
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SECTION 9: FINANCIAL IMPACT SUMMARY

COMPLETE CLAIM FINANCIAL PICTURE:

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Original Estimate Approved: \$[Amount]

Less Deductible: -\$[Amount]

Initial Payment Received: \$[Amount]

Supplemental Amount Needed: \$[Amount]

Emergency Mitigation to Date: \$[Amount]

ALE Incurred Since Discovery: \$[Amount]

TOTAL ADDITIONAL FUNDS NEEDED: \$[Amount]

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REVISED TOTAL CLAIM VALUE: \$[Amount]

SECTION 10: RESERVATION OF RIGHTS

Please note that I reserve all rights under the policy and applicable law, including but not limited to:

1. The right to submit additional supplemental claims if further damage is discovered
2. The right to invoke appraisal if we cannot agree on the amount of loss
3. The right to recover all covered damages under the policy
4. The right to statutory interest and penalties for delayed payment
5. The right to attorney fees if legal action becomes necessary
6. The right to file complaints with the Department of Insurance
7. The right to document all interactions and delays

CLOSING STATEMENT

The damages outlined in this supplemental claim are legitimate, thoroughly documented, and directly related to the original covered loss. They were hidden from view and could not have been discovered without the commencement of repairs. Every day of delay increases the damage, the cost, and the time my family is displaced from our home.

I have been a loyal policyholder for [number] years and have acted in complete good faith throughout this claim. I have mitigated damages to the best of my ability and stopped work immediately upon discovery to prevent any unnecessary costs. I now need your immediate cooperation to authorize these essential repairs.

Please process this supplemental claim with the urgency it requires. I am available at any time to discuss this matter, provide additional information, or meet for a reinspection. You may reach me at [primary phone] or [email] at any time.

I look forward to your prompt response and approval so that repairs can resume immediately.

SIGNATURE BLOCK

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title if applicable - e.g., "Homeowner" or "Insured"]

[Date]

CC:

- [Public Adjuster Name and Firm]
 - [Contractor Name and Company]
 - [Attorney Name and Firm - if represented]
 - [Mortgage Company - if required]
 - File Copy
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DELIVERY CONFIRMATION

Sent Via:

- ☐ Certified Mail, Return Receipt Requested: #[Tracking Number]
 - ☐ Email to: [Email address] at [Time] on [Date]
 - ☐ Fax to: [Fax number] at [Time] on [Date]
 - ☐ Hand Delivered to: [Name] at [Time] on [Date]
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IMPORTANT NOTES AND TIPS FOR USE:

1. **Customization Required:** Replace all bracketed placeholders with your specific information
2. **Documentation is Key:** Never send this letter without the supporting attachments referenced
3. **Keep Records:** Maintain copies of everything sent and document all communications
4. **Follow Up:** If no response within 48 hours, follow up with phone call and email
5. **State-Specific Requirements:** Check your state's insurance regulations for specific requirements
6. **Professional Review:** Consider having a public adjuster or attorney review before sending
7. **Tone Matters:** Remain professional but firm - you're documenting for potential future legal action

DISCLAIMER: This template is provided for informational purposes only and does not constitute legal advice. Insurance laws vary by state and policy terms differ. Always consult with appropriate professionals when handling insurance claims.