

COMPREHENSIVE CLAIM SUMMARY

MASTER CLAIM DOCUMENTATION AND STATUS REPORT

Prepared for: [Insured Name]

Date Prepared: [Date]

Claim #: [Claim #]

Policy #: [Policy #]

Adjuster: [Name] - License #: [Number]

Carrier: [Insurance Company]

EXECUTIVE SUMMARY

This comprehensive summary documents the complete history and current status of the insurance claim arising from the loss on [Date of Loss] at [Loss Location]. This document serves as the official record of the policyholder's position regarding all aspects of the claim and identifies all outstanding issues requiring resolution.

Key Metrics

- **Days Since Loss:** [#]
- **Days Claim Open:** [#]
- **Initial Estimate:** \$[Amount]
- **Current Claimed Amount:** \$[Amount]
- **Amount Paid:** \$[Amount]
- **Amount Outstanding:** \$[Amount]
- **Amount Disputed:** \$[Amount]

I. LOSS OVERVIEW

Incident Details

- **Date of Loss:** [Date of Loss]
- **Time of Discovery:** [Time]
- **Reported to Carrier:** [Date] at [Time]
- **Method of Report:** ☐ Phone ☐ Online ☐ Agent ☐ App
- **Claim Number Assigned:** [Claim #] on [Date]

- **First Contact from Adjuster:** [Date] ([#] days after report)
- **First Inspection:** [Date] ([#] days after loss)

Cause of Loss

Primary Cause: [Detailed description]

Contributing Factors: [List factors]

Weather Conditions: [If applicable]

NOAA Event #: [If applicable]

Current Claim Status

- ☐ Open - Investigation
- ☐ Open - Partially Paid
- ☐ Open - Disputed
- ☐ Open - Appraisal
- ☐ Open - Litigation
- ☐ Closed - Paid
- ☐ Closed - Denied
- ☐ Other: [Specify]

II. POLICY COVERAGE ANALYSIS

Policy Information

- **Policy Period:** [Start Date] to [End Date]
- **Premium:** \$[Amount] annually
- **Previous Renewals:** [#] years with carrier
- **Policy Type:** ☐ HO-3 ☐ HO-5 ☐ DP-3 ☐ Other: [Type]

Coverage Limits and Application

Coverage Type	Policy Limit	Claimed	Paid	Outstanding	Notes
Dwelling (A)	[\$Limit]	[\$Amount]	[\$Amount]	[\$Amount]	[Notes]
Other Structures (B)	[\$Limit]	[\$Amount]	[\$Amount]	[\$Amount]	[Notes]
Personal Property (C)	[\$Limit]	[\$Amount]	[\$Amount]	[\$Amount]	[Notes]
Loss of Use (D)	[\$Limit]	[\$Amount]	[\$Amount]	[\$Amount]	[Notes]
Medical Payments (F)	[\$Limit]	[\$Amount]	[\$Amount]	[\$Amount]	[Notes]

Additional Coverages Applied

Coverage	Available	Claimed	Paid	Status
Code Upgrades	[\$Amount]	[\$Amount]	[\$Amount]	[Status]
Debris Removal	[\$Amount]	[\$Amount]	[\$Amount]	[Status]
Emergency Repairs	[\$Amount]	[\$Amount]	[\$Amount]	[Status]
Tree Removal	[\$Amount]	[\$Amount]	[\$Amount]	[Status]
Fire Department Charges	[\$Amount]	[\$Amount]	[\$Amount]	[Status]

Deductibles

- **Standard Deductible:** \$[Amount]
- **Wind/Hail Deductible:** [%] = \$[Amount]
- **Hurricane Deductible:** [%] = \$[Amount]
- **Total Deductible Applied:** \$[Amount]

Policy Exclusions/Limitations Cited by Carrier

1. [Exclusion/Limitation] - Our Response: [Position]
2. [Exclusion/Limitation] - Our Response: [Position]

III. DAMAGE ASSESSMENT COMPARISON

Structural Damages

Component	Our Assessment	Carrier Assessment	Difference	Status
Roof	[\$Amount]	[\$Amount]	[\$Difference]	[Disputed/Agreed]
Siding	[\$Amount]	[\$Amount]	[\$Difference]	[Disputed/Agreed]
Windows	[\$Amount]	[\$Amount]	[\$Difference]	[Disputed/Agreed]
Interior	[\$Amount]	[\$Amount]	[\$Difference]	[Disputed/Agreed]
Systems	[\$Amount]	[\$Amount]	[\$Difference]	[Disputed/Agreed]
Total Structure:	[\$Amount]	[\$Amount]	[\$Difference]	

Personal Property Losses

Category	Items Claimed	RCV Claimed	ACV Paid	RCV Due	Disputed
Furniture	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
Electronics	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]

Category	Items Claimed	RCV Claimed	ACV Paid	RCV Due	Disputed
Appliances	[#]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
Clothing	[#]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
Other	[#]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
Totals:	[#]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]

Additional Living Expenses

Month	Incurred	Submitted	Approved	Paid	Pending
[Month]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
Total:	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]

IV. INSPECTION & ADJUSTMENT TIMELINE

Date	Event	Person/Company	Outcome	Report Received
[Date]	Initial adjuster inspection	[Name/Company]	[Outcome]	<input type="checkbox"/> Y <input type="checkbox"/> N
[Date]	Our contractor inspection	[Name/Company]	[Estimate amount]	<input type="checkbox"/> Y <input type="checkbox"/> N
[Date]	Engineering inspection	[Name/Company]	[Findings]	<input type="checkbox"/> Y <input type="checkbox"/> N
[Date]	Carrier re-inspection	[Name/Company]	[Outcome]	<input type="checkbox"/> Y <input type="checkbox"/> N

V. PAYMENT HISTORY & RECONCILIATION

Payments Received

Date	Check #	Amount	Type	Coverage Applied	Status
[Date]	[#]	[\$[Amount]]	ACV-Structure	Dwelling	Cleared
[Date]	[#]	[\$[Amount]]	ACV-Contents	Personal Property	Cleared
[Date]	[#]	[\$[Amount]]	ALE	Loss of Use	Cleared
Total Received:		[\$[Amount]]			

Payment Reconciliation

Category	Should Have Received	Actually Received	Shortfall
Initial ACV	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
Supplements	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
RCV Holdback	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
ALE	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]

Category	Should Have Received	Actually Received	Shortfall
Total:	\$(Amount)	\$(Amount)	\$(Amount)

VI. DISPUTED ITEMS DETAIL

Major Disputes

1. [Dispute Category]

- Item/Issue: [Description]
- Our Position: [Detailed position] - \$(Amount)
- Carrier Position: [Their position] - \$(Amount)
- Difference: \$(Amount)
- Supporting Evidence: [List documents/experts]
- Status: ☐ Open ☐ Resolved ☐ Escalated

2. [Dispute Category]

- Item/Issue: [Description]
- Our Position: [Detailed position] - \$(Amount)
- Carrier Position: [Their position] - \$(Amount)
- Difference: \$(Amount)
- Supporting Evidence: [List documents/experts]
- Status: ☐ Open ☐ Resolved ☐ Escalated

Policy Interpretation Disputes

Policy Provision	Our Interpretation	Carrier Interpretation	Legal Precedent	Status
[Provision]	[Our reading]	[Their reading]	[Case law]	[Status]

VII. CORRESPONDENCE SUMMARY

Key Correspondence Milestones

Date	Type	From/To	Subject	Response Required	Response Sent
[Date]	FNOL	Us to Carrier	Initial claim	Acknowledgment	[Date]
[Date]	ROR	Carrier to Us	Reservation of rights	Yes	[Date]
[Date]	Proof of Loss	Us to Carrier	Sworn proof	Acknowledgment	[Date]
[Date]	Denial/Partial	Carrier to Us	Coverage decision	Yes	[Date]

Outstanding Requests

Date Requested	Request	From	To	Response Due	Status
[Date]	[Request]	[Party]	[Party]	[Date]	Pending

VIII. EXPERT INVOLVEMENT

Expert Type	Name	Company	Date Engaged	Purpose	Report Date	Findings Summary	Cost
Public Adjuster	[Name]	[Company]	[Date]	Claim assistance	N/A	Ongoing	[%/\$]
Engineer	[Name]	[Company]	[Date]	Structural assessment	[Date]	[Summary]	[\$Amount]
Contractor	[Name]	[Company]	[Date]	Repair estimate	[Date]	[\$Estimate]	[\$Amount]

IX. BAD FAITH INDICATORS TRACKING

Documented Issues

☐ Unreasonable Delays

- [Date]: [Specific delay - days]
- [Date]: [Specific delay - days]

☐ Failure to Investigate

- [Date]: [What wasn't investigated]

☐ Misrepresentation

- [Date]: [What was misrepresented]

☐ Lowball Offers

- [Date]: Offered \$[Amount] vs. documented \$[Amount]

☐ Policy Misinterpretation

- [Date]: [Provision and misinterpretation]

☐ Lack of Communication

- [Date range]: No response for [#] days

Statute of Limitations

- **File Suit By:** [Date]
- **Days Remaining:** [#]
- **Notice Requirements:** [Requirements met? Y/N]

X. CURRENT STATUS & NEXT STEPS

Current Status Summary

[Detailed paragraph describing exactly where the claim stands]

Outstanding Issues Priority List

1. [Issue] - Priority: High
 - Action Required: [Action]
 - Responsible Party: [Party]
 - Deadline: [Date]
2. [Issue] - Priority: Medium
 - Action Required: [Action]
 - Responsible Party: [Party]
 - Deadline: [Date]

Upcoming Deadlines

Date	Deadline Type	Description	Status
[Date]	[Type]	[Description]	Pending

Recommended Next Actions

1. Immediate (Within 7 days):
 - [Action item]
 - [Action item]
2. Short-term (Within 30 days):
 - [Action item]
 - [Action item]
3. Long-term (30+ days):
 - [Action item]

- [Action item]

XI. SUPPORTING DOCUMENTATION INDEX

Documents Maintained

Category	Document Type	Quantity	Location	Notes
Photos/Video	Damage documentation	[#] files	[Location]	Dated, labeled
Estimates	Contractor estimates	[#]	[Location]	Total: \$[Amount]
Receipts	Emergency repairs	[#]	[Location]	Total: \$[Amount]
Reports	Expert reports	[#]	[Location]	[List experts]
Correspondence	Letters/Emails	[#]	[Location]	Chronological
Policy	Policy documents	Complete	[Location]	With endorsements
Financial	Bank/mortgage	[#]	[Location]	For ownership proof

XII. FINANCIAL IMPACT SUMMARY

Out-of-Pocket Expenses

Category	Amount	Reimbursable	Reimbursed	Outstanding
Emergency repairs	\$[Amount]	Yes	\$[Amount]	\$[Amount]
Temporary housing	\$[Amount]	Yes	\$[Amount]	\$[Amount]
Expert fees	\$[Amount]	TBD	\$[Amount]	\$[Amount]
Storage	\$[Amount]	Yes	\$[Amount]	\$[Amount]
Total:	\$[Amount]		\$[Amount]	\$[Amount]

Economic Impact

- **Lost rental income:** \$[Amount]
- **Lost work time:** [Days] = \$[Amount]
- **Credit impact:** [Description]
- **Total economic loss:** \$[Amount]

XIII. SETTLEMENT POSITION

Our Position

- **Total RCV of Loss:** \$[Amount]
- **Less Deductible:** \$[Amount]

- **Net Claim Value:** \$[Amount]
- **Amount Paid:** \$[Amount]
- **Balance Due:** \$[Amount]

Minimum Acceptable Settlement

- **Amount:** \$[Amount]
- **Conditions:** [List any conditions]

Areas of Potential Compromise

1. [Area] - Range: \$[Low] to \$[High]
2. [Area] - Range: \$[Low] to \$[High]

XIV. CLAIM TIMELINE VISUALIZATION



CERTIFICATION

I certify that this comprehensive claim summary accurately represents the status and history of this insurance claim based on all available documentation and correspondence.

Prepared by: [Name]
Title/Relationship: [Title]
Date: [Date]
Contact: [Phone/Email]

Reviewed by: [Name]
Date: [Date]

CONFIDENTIAL - ATTORNEY-CLIENT PRIVILEGED

This document contains confidential information prepared in anticipation of potential litigation

This document is provided by Claim Navigator AI as a customizable template. It does not constitute legal advice or representation. This summary should be updated regularly as the claim progresses.