March 28, 2024 **1st Report**

**[XM8\_REFERENCE\_COMPANY]**

**[XM8\_REFERENCE\_B\_STREET]**

**[XM8\_REFERENCE\_B\_CITY], [XM8\_REFERENCE\_B\_STATE] [XM8\_REFERENCE\_B\_ZIP]**

**Attn: [XM8\_REFERENCE\_CONTACT]**

Policy No. : [XM8\_POLICY\_NUM]

Policy Period : [XM8\_DATE\_POLICY\_EFFECTIVE] - [XM8\_DATE\_POLICY\_TERM]

Policy Cover : [XM8\_FORM\_NO]

Name of Assured : [XM8\_INSURED\_NAME]

Address of Assured : [XM8\_INSURED\_H\_STREET], [XM8\_INSURED\_H\_CITY], [XM8\_INSURED\_H\_STATE] [XM8\_INSURED\_H\_ZIP]

Insured Telephone : [XM8\_INSURED\_H\_PHONE]

Insured Email : [XM8\_INSURED\_EMAIL]

Mortgagee : [XM8\_MORTGAGEE1]

Location of Loss : [XM8\_INSURED\_P\_STREET], [XM8\_INSURED\_P\_CITY], [XM8\_INSURED\_P\_STATE] [XM8\_INSURED\_P\_ZIP]

Date of Loss : [XM8\_DATE\_LOSS]

Cause of Loss : [XM8\_TOL\_CODE]

Our File No. : [XM8\_FILE\_NO]

Claim No. : [XM8\_CLAIM\_NUM]

**ADJUSTMENT:**

This assignment was received on [XM8\_DATE\_RECEIVED], and contact was established with $[CONTACT FIRST NAME CONTACT LAST NAME], the $(RELATIONSHIP to INSURED) on [XM8\_DATE\_CONTACTED]. Our inspection followed on [XM8\_DATE\_INSPECTED], $[PERSON/PEOPLE LOSS INSPECTED WITH]present for same. Please see below for our findings from our initial investigation to date.

**RESERVE SUMMARY:**

At this time, it would be our recommendation that the following reserves be established.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Sums Insured** | **Reserve** | **Payments** | **Balance of Reserve** |
| Dwelling | $[XM8\_COV\_POLICY\_LIMIT\_1] | $[XM8\_COV\_RESERVE\_1] | $0.00 | $[XM8\_COV\_RESERVE\_1] |
| Other Structures | $[XM8\_COV\_POLICY\_LIMIT\_2] | $[XM8\_COV\_RESERVE\_2] | $0.00 | $[XM8\_COV\_RESERVE\_2] |
| Personal Property | $[XM8\_COV\_POLICY\_LIMIT\_3] | $[XM8\_COV\_RESERVE\_3] | $0.00 | $[XM8\_COV\_RESERVE\_3] |
| Loss of Use/ALE | $[XM8\_LIMIT\_LOSS\_USE] | $[XM8\_RESERVE\_LOSS\_USE] | $0.00 | $[XM8\_RESERVE\_LOSS\_USE] |

**POLICY COVER:**

From our review of the insured’s policy, coverage is afforded subject to the forms and other endorsements listed on the assignment documentation. The insured is provided with the following coverage limits:

            Dwelling                 :           $[XM8\_COV\_POLICY\_LIMIT\_1]

            Other Structures :           $[XM8\_COV\_POLICY\_LIMIT\_2]

Personal Property :           $[XM8\_COV\_POLICY\_LIMIT\_3]

Loss of Use / ALE : $[XM8\_LIMIT\_LOSS\_USE]

The policy is subject to the following deductibles:

AOP : $[XM8\_COV\_DEDUCTIBLE\_1]

Wind (5%) : $0.00

The insured’s policy provides Replacement Cost coverage and is subject to an 80% co-insurance provision.

**MORTGAGEE:**

Based on our conversation with the insured, we have verified that the mortgagee reflected on the policy declaration, [XM8\_MORTGAGEE1], is accurate.

**DESCRIPTION OF RISK:**

The risk premises is a $[# OF STORIES] story, $[BUILDING OCCUPIED BY], $[BUILDING OCCUPANCY] dwelling confirmed as located at [XM8\_INSURED\_P\_STREET], [XM8\_INSURED\_P\_CITY], [XM8\_INSURED\_P\_STATE] [XM8\_INSURED\_P\_ZIP]. The property was built in $[DATE OF CONSTRUCTION] and purchased by the insured in $[YEAR PURCHASED]. The property was $[OCCUPIED or UNOCCUPIED] at the time of the loss.

The dwelling is constructed of $[CONSTRUCTION TYPE] and joists atop a $[TYPE OF FOUNDATION]. The exterior façade is primarily composed of $[TYPE OF SIDING], with a $[ROOFING TYPE] $[TYPE OF ROOF CONSTRUCTION] roof system. Based on discussions with the insured contact, the roof was last replaced around $[ROOF LAST REPLACED]. The interior of the dwelling is comprised of $[# OF BEDROOMS] bedrooms and $[# OF BATHROOMS] bathrooms within approximately # OF SQUARE FEET square feet of living space. The property has a $[TYPE OF HEATING] heating system. There $[IS OR IS NOT] a central cooling system.

Based on our inspection observations, the risk was maintained in overall $[CONDITION OF PROPERTY] condition.

**INSURED:**

[XM8\_INSURED\_NAME]

[XM8\_INSURED\_H\_STREET]

[XM8\_INSURED\_H\_CITY], [XM8\_INSURED\_H\_STATE] [XM8\_INSURED\_H\_ZIP]

Telephone No. : [XM8\_INSURED\_H\_PHONE]

Email : [XM8\_INSURED\_EMAIL]

**OTHER PARTIES:**

$[LM-PRTY]

**CAUSE OF LOSS:**

This loss has been confirmed as a waterevent on $[*DOL]*. *$[LOSS DISCOVERED BY]* was last at the property on $[*­­­DATE PROPERTY LAST VISITED*] at approximately $[*TIME OF DAY LAST VISITED]*. The loss was discovered by *$[LOSS DISCOVERED BY]*  on $[*DATE DISCOVERED]* at approximately $[*TIME THE LOSS WAS DISCOVERED]*. Water was observed stemming from the $[*ROOM WATER ORIGINATED FROM* on the *$[Level OF ORIGIN ROOM].* The water leak/discharge source was determined to be the *$[WHAT LEAKED/OVERFLOWED]*

Based on discussions with $[*PERSON LOSS INSPECTED WITH], the ­ $[WHAT LEAKED/OVERFLOWED]* was installed approximately *$[HOW OLD IS THE PART THAT LEAKED].* The *$[WHAT LEAKED/OVERFLOWED]* was last serviced *$[* *WHEN WAS THE PLUMBING FIXTURE LAST SERVICED]*

We understand that the failed plumbing fixture *$[DID/DID NOT HAVE A PRIOR ISSUE]* have any prior issue. *$[DICTATION TOKEN FOR* *“WHAT THE PRIOR ISSUE WAS, WHEN, AND WHAT WAS DONE.”]*

**NATURE AND EXTENT OF THE DAMAGE:**

During our inspection, we obtained photos and a scope of damage. We have completed the attached estimate, reflecting our opinion on the necessary scope of repairs and/or replacement of the insured’s property. The damages to the property were noted as follows:

Dwelling:

$[LM-DWL] – this token may need to be altered based on our recommended changes to the field app.

As can be seen, our estimate totals $[XM8\_COV\_RCV\_1] (RCV) and $[XM8\_COV\_ACV\_1] (ACV) before application of the policy’s applicable $[XM8\_COV\_DEDUCTIBLE\_1] deductible.

Other Structures:

$[LM-OS]

Contents:

$[LM-CNT]

Loss of Use/ALE:

$[LM-LOU]

**STATEMENT OF LOSS:**

We have completed the enclosed Building Repair Estimate based on our scope of damage. Please see below for a breakdown of our figures:

Coverage Line RCV ACV

Dwelling $[XM8\_COV\_RCV\_1] $[XM8\_COV\_ACV\_1]

Other Structures $[XM8\_COV\_RCV\_2] $[XM8\_COV\_ACV\_2]

Contents $[XM8\_COV\_RCV\_3] $[XM8\_COV\_ACV\_3]

TOTALS $[XM8\_LR\_RC\_LOSS] $[XM8\_LR\_ACV\_LOSS]

Deductible: $[XM8\_SUM\_DEDUCTIBLE\_APPLIED]

Recoverable Depreciation Totals: $[XM8\_LR\_R\_DEPR]

Non-Recoverable Depreciation Totals: $[XM8\_LR\_NR\_DEPR]

Total ACV Loss: $[XM8\_LR\_ACV\_CLAIM]

**COVERAGE ANALYSIS:**

$[LM-COV]

Protective Safeguards/Warranties:

$[LM-PSE]

**COINSURANCE ANALYSIS:**

We have completed the enclosed building valuation for the property totaling $[XM8\_COV\_VAL\_RCV\_1] RCV and $[XM8\_COV\_VAL\_ACV\_1] ACV. The insured has a limit of liability for the building in the amount of $[XM8\_COV\_POLICY\_LIMIT\_1]. Based on our valuation, the insured risk complies with the 80% co-insurance requirement.

OR:

We have completed the enclosed building valuation for the property totaling $[XM8\_COV\_VAL\_RCV\_1] RCV and $[XM8\_COV\_VAL\_ACV\_1] ACV. The insured has a limit of liability for the building in the amount of $[XM8\_COV\_POLICY\_LIMIT\_1]. The below reflects our Co-Insurance Calculation for your review. This calculation shows the co-insurance penalty applicable for this loss unless the policy allows the insured to forego the RCV claim and make a claim on an ACV basis.

**THIRD-PARTY ASPECTS:**

Subrogation:

$[LM-SUB]

Or

There does appear to be subrogation potential based on our investigation thus far. The plumbing fixture that failed $[WAS EVIDENCE PRESERVED] for evidence.

Salvage:

$[LM-SLV]

**RECOMMENDATIONS:**

1. **We recommend issuing the undisputed ACV settlement figure, $[XM8\_COV\_ACV\_1] less the insured’s deductible $[XM8\_COV\_DEDUCTIBLE\_1] for the dwelling to the insured and a copy of our estimate.**
2. **LIST ANY OTHER PAYMENT RECOMMENDATIONS, COVERAGE QUESTION RECOMMENDATIONS or EXPERT RETENTION RECOMMENDATIONS, ETC.**

**FURTHER HANDLING:**

$[LM-REC]

Should your office request any further handling, please notify the undersigned; we would gladly assist.

**REMARKS:**

We thank you for this assignment, and should you request any other further handling, please notify the undersigned; we would be glad to assist. Otherwise, please look for our subsequent report in due course.

OR:

This report and its enclosures complete the work we were assigned on your behalf at this time. Therefore, we will be closing our file. This report includes our final invoice for services rendered on the above-captioned claim. If the insured completes repairs and requests depreciation or finds additional damage, we will re-open our file at that time.  Should you have any questions regarding our work or this report, please do not hesitate to contact the undersigned. Otherwise, let me thank you for the opportunity to be of service.  We look forward to working with you again in the near future.

**[XM8\_ESTIMATOR\_NAME]** - [XM8\_ESTIMATOR\_POSITION]

Email: [documents@vanguardadjusters.com](mailto:documents@vanguardadjusters.com)

Office: [XM8\_ESTIMATOR\_B\_PHONE]

**VANGUARD ADJUSTERS GROUP, INC.**

**ENCLOSURES:**

1. Vanguard’s Building Repair Estimate
2. Various Photographs of the Insured’s Damages
3. Building Valuation
4. Letter to Insured