

ADJUSTER:

NAME:	
COMPANY:	
TELEPHONE:	EMAIL:
CELL PHONE:	CLAIM #:

CUSTOMER:

NAME:	
ADDRESS:	
HOME PHONE:	BUSINESS PHONE:
CELL PHONE:	EMAIL:
DATE OF LOSS:	DEDUCTIBLE:

APPRAISALSSupplied by Customer: **SCHEDULE OF LOSS:**

Description of Loss	Where & When Purchased	Original Cost	Depreciation Amount	Amount Claimed	Scheduled Y/N
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Email Address: (Required for Reply)

Date: