**ClearScope** Report: **First** **& Final**

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| **Claim Number:** | **File Number:** |
| [XM8\_CLAIM\_NUM] | [XM8\_FILE\_NO] |

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|  **Date of Loss:** |
| [XM8\_DATE\_LOSS] |
| **Policy Holder:** |
| [XM8\_INSURED\_NAME] |
| **Policy Holder Contacts:** |
|  **Phone:** | [XM8\_INSURED\_H\_PHONE] |
|  **Email:** | [XM8\_INSURED\_EMAIL] |
| **Field Adjuster:** |
| [XM8\_ESTIMATOR\_NAME] |
| **Field Adjuster Contacts:** |
|  **Phone:** | [XM8\_ESTIMATOR\_C\_PHONE] [XM8\_ESTIMATOR\_B\_PHONE] |
|  **Email:** | [XM8\_ESTIMATOR\_E\_MAIL] |
| **Desk Adjuster:** |
| [XM8\_CLAIM\_REP\_NAME] |
| **Desk Adjuster Contacts:** |
|  **Phone:** | [XM8\_CLAIM\_REP\_B\_PHONE] |
|  **Email:** | [XM8\_CLAIM\_REP\_E\_MAIL] |

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

**Loss Financials**

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|  | **RCV** | **Depreciation** | **ACV** |
| **[XM8\_COV\_NAME\_1]** | $[XM8\_COV\_RCV\_1] | $[XM8\_COV\_RECOVERABLE\_DEPRECIATION\_1] | $[XM8\_COV\_ACV\_1] |
| **[XM8\_COV\_NAME\_2]** | $[XM8\_COV\_RCV\_2] | $[XM8\_COV\_RECOVERABLE\_DEPRECIATION\_2] | $[XM8\_COV\_ACV\_2] |
| **[XM8\_COV\_NAME\_3]** | $[XM8\_COV\_RCV\_3] | $[XM8\_COV\_RECOVERABLE\_DEPRECIATION\_3] | $[XM8\_COV\_ACV\_3] |
| **[XM8\_COV\_NAME\_4]** | $[XM8\_COV\_RCV\_4] | $[XM8\_COV\_RECOVERABLE\_DEPRECIATION\_4] | $[XM8\_COV\_ACV\_4] |
| **Deductible** | $[XM8\_SUM\_DEDUCTIBLE\_APPLIED] |  | $[XM8\_SUM\_DEDUCTIBLE\_APPLIED] |
| **Summary** | **$[XM8\_LR\_RC\_CLAIM]** | **$[XM8\_LR\_R\_DEPR]** | **$[XM8\_LR\_ACV\_CLAIM]** |

**ClearScope** Summary

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| **Risk Description:** |
| The subject risk is a two-story dwelling with composite siding, a brick veneer, and 15-year old laminate shingles original to the home. Based on our observations the home is in average condition for its age, appears to be insured to value, and no immediate underwriting concerns were documented.We have verified the insured risk is occupied by the named insured, utilized as their primary residence. Confirmed Mortgage Interests: Wells Fargo |
| **Reported Cause of Loss:** |
| The reported cause of loss is [XM8\_TOL\_DESC]. Our inspection confirmed the reported cause, date of loss, and claimed damages.  |

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|  **Inspection Date:** |  **Date of Contact:** |
| [XM8\_DATE\_INSPECTED] | [XM8\_DATE\_CONTACTED] |

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| **Was a Contractor Present?** |
| Choose an item. |
| **Contractor Name:** |
|  |
|  **Phone:** |  |

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| **Scope Agreement with Insured/Contractor?** |
| Choose an item. | **If no, explain:** |
| A scope agreement was obtained with the insureds contractor of choice pending your approval.**or**We were unable to reach an agreed scope of repair with the insured and their contractor of choice. **If no, explain why…** |

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| **Damage/Recommended Scope of Repair:** |
| 1. ***Explain the damages documented during your inspection***
2. ***Explain the recommended scope of repair and any additional information pertinent to the claim***

**Exterior Damage:**Roof:Our inspection of the roof in question revealed damage to……Elevations:**Interior Damage:** Rooms:Our inspection of the bedroom revealed \* damage to…… |
| **Overhead & Profit:** |
| Overhead and profit are not warranted on the agreed scope of repair. The claim is not complex in nature and the use of a general contractor is not expected. **Or**Overhead and profit are warranted on the recommended scope of repair. The agreed scope of repair is complex in nature, multiple trades are involved and the use of a general contractor is expected.  |

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| **Salvage:** |
| Salvage is not applicable to this loss. The material being discarded holds not salvageable value and will be disposed of in a local landfill.  |
| **Subrogation:** |
| Subrogation is not applicable to this loss. No evidence of manufacturing defects, negligence, poor craftsmanship or other contributing factors were documented during our inspection. Should information to the contrary become available we will work to protect your interests.  |
| **Recommendations:** |
| Please review our report and supporting documents. Should coverage be provided, and you are in agreement with our findings, we recommend settlement based on this report and our enclosed estimate. Unless directed otherwise by your office, with this report, we close our file.Thank you for this assignment and for the opportunity to be of service to you and your insured. Should you have any questions, please don’t hesitate to contact me or the office at the information listed above.  |