**ClearScope** Report: **Final Report**

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

|  |  |
| --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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** Final Summary

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| **Damages/Scope of Repair** |
| Provide new information only regarding any final resolutions and/or agreements on all coverages. Do no repeat information provided in previous reports. |

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

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| **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. |