**ClearScope** Report: **Status Report**

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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] |

**Reserves**

|  |  |
| --- | --- |
|  | **RCV** |
| **[XM8\_COV\_NAME\_1]** | $[XM8\_COV\_RCV\_1] |
| **[XM8\_COV\_NAME\_2]** | $[XM8\_COV\_RCV\_2] |
| **[XM8\_COV\_NAME\_3]** | $[XM8\_COV\_RCV\_3] |
| **[XM8\_COV\_NAME\_4]** | $[XM8\_COV\_RCV\_4] |
| **Deductible** | $[XM8\_SUM\_DEDUCTIBLE\_APPLIED] |
| **Summary** | **$[XM8\_LR\_RC\_CLAIM]** |

**ClearScope** Status

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| --- |
| **Claim Status** |
| Please provide a detailed status and an expected timeline for resolution or closure.  |
| **Pending Action Items** |
| This preliminary report is intended to assist your office with setting reserves and an appropriate diary date. Our complete report will be sent to your office once (we are able to reach an agreement with the insureds contractor/specific info ie bid items/ITEL) are received. We thank you for this assignment and will report as soon as possible with all needed information.  |