**ClearScope** Report: **First 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**

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

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| **Inspection Date:** | **Date of Contact:** | **Structure 1:** |
| [XM8\_DATE\_INSPECTED] | [XM8\_DATE\_CONTACTED] |  |

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

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| --- | --- |
| **Salvage:** | **Subrogation:** |
| Choose an item. | Choose an item. |

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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 and no immediate underwriting concerns were documented.  Confirmed Mortgage Interests: Wells Fargo |
| **Reported Cause of Loss** |
| The reported cause of loss is [XM8\_TOL\_DESC]. The enclosed weather verification report confirms **hail fall** **or high winds** on the reported date of loss up to **1 inch/60 mph** at the insured’s location. |

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| **Damages/Recommended Scope of Repair:** |
| **Roof**:  Test squares for hail damage completed on the roof produced the following strike counts:  Front Slope: 0  Right Slope: 0 Rear Slope: 0  Left Slope: 0  Roof metals including box vents and furnace caps also showed evidence of hail damage.  Based on the extent of the damage, replacement of the roof is recommended.  **Elevations**:  In accordance with the direction hail fall we documented the following damages to each elevation:  Front Elevation: No hail damage documented on this elevation  Right Elevation: Hail damage to gutters and window screens  Rear Elevation: Hail damage to gutters, window screens, and HVAC unit  Left Elevation: Hail damage to downspouts only  Allowances have been made to replace the damaged material and any continuous surfaces.  **Interior Damage:**  Corresponding with the documented storm damage on the roof, we observed the following interior damage:  Bedroom: Water damage to the drywall ceiling Bathroom: Water damage to the drywall ceiling and walls  Allowances have been made to return the rooms in question to their pre-loss condition.  **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. |