ClaimWizard

Sample Public Adjusting Document Templates

There are currently three standard Letter Templates loaded into ClaimWizard for your use:

★ Proof of Loss (ABCD Coverages)
★ Proof of Loss (FEMA, 2017)
★ Proof of Loss (Simple)
★ Proof of Loss (Simple, No Notary)
★ Proof of Loss (Simple, Single Settlement)
★ Proof of Loss (Simple, Single Settlement, No Notary)
★ Sample Letter of Representation

The enclosed documents have been coded with variables for exclusive use within the ClaimWizard system. Yellow highlight is for your benefit to identify data points and should be removed in your final version before you upload the document.

Please visit https://academy.claimwizard.com/document-template-customization/ for detailed instructions on how to format and submit ClaimWizard Document Templates.

These documents are informational purposes only and have not been reviewed or approved by any legal entity. Use them at your own discretion. ClaimWizard LLC is not liable for any misuse, typographical errors, or compliance adherence.

Sample Letter : Client Welcome Letter

[[company.logo,100]]   **[[company.name]]**
[[company.address.line1]]
[[company.address.line2]]
[[company.fax]:notEmpty(Main)] [[company.phone]]
[[company.fax]:prepend(Fax)]

[[today]:format(long)]]

[[client.fullname]]
[[client.address.line1]]
[[client.address.line2]]

Date of Loss: [[loss.date]]

Claim Number:	[[claim.fieldId]]	**Insurance Company:**	[[insurance.company]]
Loss Address:	[[loss.address.line1]] [[loss.address.line2]]	**Policy Number:**	[[insurance.policynumber]]
Cause of Loss:	[[loss.peril]]	**Claim Number;**	[[insurance.claimnumber]]

Dear [[client.salutation]],

Enter welcome letter here that explains the general process your public adjusting company follows to settle a claim. Reframe from using exact timeframes but stress the need to return documents in a timely manner. Below are some suggested items / attachments you may want to include:

• Thank you for your business
• Signed copy of the contract between you and client
• Link to Client Portal (should be directed to a link on your website because the link itself is long and difficult to type from a printed paper)
    • Please visit our Client Portal on our website. You will need the following information to access your claim information:
    • Claim Number : [[claim.fieldId]] & Client PIN Number : [[Client.pin]]
• W-9 form
• Mortgage authorization form for client to complete and return to you
• Letter of Representation for client to complete and return to you
• Fee payment policies
• Frequently asked questions
• Public Adjuster company contact information (should they call adjuster or office, etc.)
• Next steps

Sincerely,
[[user.name]]
[[user.title]]
[[Company.name]]

Sample Letter : Letter of Notification

[[company.logo,100]]   **[[company.name]]**
                                                        [[company.address.line1]]
                                                        [[company.address.line2]]
                                        [[company.fax]:notEmpty(Main)] [[company.phone]]
                                                        [[company.fax]:prepend(Fax)]

                                                        [[today]:format(long)]]

Insured: [[policyholders.name]:delimit(, (&))]
Loss Address: [[loss.address.line1]]   Claim #: [[insurance.claimnumber]:uppercase]
                [[loss.address.line2]]   Policy #: [[insurance.policynumber]:uppercase]
Date of Loss: [[loss.date]]   Cause of loss: [[loss.peril]]

Our File #:   [[claim.fileId]]   Our Adjuster: [[personnel.adjuster.name]]

Dear [[client.salutation]],

Attention Claims Department:

Please be advised that we, [[company.name]], represent the named insured for their loss as stated above. Enclosed you will find a copy of our Letter of Representation. If this claim has not already been notified by the insured, kindly notify the claim at this time. As stated by the insured, we hereby request that all further communication and correspondence regarding this claim be directed to this office.

The name "[[company.name]]" must be included on all drafts, checks, and correspondence pertaining to this loss, and mailed directly to:

    [[company.name]]
    [[company.address.line1]]
    [[company.address.line2]]

Kindly contact our adjuster, [[personnel.adjuster.name]], as soon as possible to discuss this loss or set an appointment to inspect this property.

Thank you in advance for your cooperation.

Sincerely,

[[user.name]]

Sample Letter : Letter of Representation

[[company.logo,100]]   **[[company.name]]**
[[company.address.line1]]
[[company.address.line2]]
[[company.fax]:notEmpty(Main)] [[company.phone]]
[[company.fax]:prepend(Fax)]

[[today]:format(long)]]

[[insurance.company]]
[[insurance.company.address.line1]]
[[insurance.company.address.line2]]
Attn: Claims Department
[[insurance.company.phone.fax]:notEmpty(Fax:)]

Insured: [[policyholders.name]:delimit(, (&))]
Loss Address: [[loss.address.line1]]   Claim #: [[insurance.claimnumber]:uppercase]
                    [[loss.address.line2]]   Policy #: [[insurance.policynumber]:uppercase]
Date of Loss: [[loss.date]]   Cause of loss: [[loss.peril]]

Our File #:   [[claim.fileId]]   Our Adjuster: [[personnel.adjuster.name]]

Dear [[client.salutation]],

Attention Claims Department:

Please be advised that we, [[company.name]], represent the named insured for their loss as stated above. Enclosed you will find a copy of our Letter of Representation. If this claim has not already been notified by the insured, kindly notify the claim at this time. As stated by the insured, we hereby request that all further communication and correspondence regarding this claim be directed to this office.

The name "[[company.name]]" must be included on all drafts, checks, and correspondence pertaining to this loss, and mailed directly to:

        [[company.name]]
        [[company.address.line1]]
        [[company.address.line2]]

Kindly contact our adjuster, [[personnel.adjuster.name]], as soon as possible to discuss this loss or set an appointment to inspect this property.

Thank you in advance for your cooperation.

Sincerely,

[[user.name]]
[[user.title]]
[[company.name]]

Sample Letter : Mortgage Pre-Authorization Form

[[company.logo,100]]

<div align="right">

[[company.name]]
[[company.address.line1]]
[[company.address.line2]]
[[company.fax]:notEmpty(Main)] [[company.phone]]
[[company.fax]:prepend(Fax)]

[[today]:format(long)]]

</div>

MORTGAGE AUTHORIZATION FORM
(RE: INSURANCE BENEFITS CHECK(S))

Lender Name: [[Mortgage.company]]
Address :   [[Mortgage.company.address]]

Attention: **Loss Draft and/or Insurance Claim Department**

Re: Client(s):   [[client.fullname]]
Mortgage address: [[loss.address.line1]]
                    [[loss.address.line2]]

Insurance Co.:   [[insurance.company]]
Policy Number: [[insurance.policynumber]]
Claim Number: [[Claim.fileid]]

Date of Loss: [[loss.date]]
Loan No.:   [[Mortgage.loannumber]]

I/We [[client.fullname]], hereby give my/our consent to allow *SPECIFIC PERSON AT YOUR PUBLIC ADJUSTING COMPANY*, with [[Company.name]], to speak on my/our behalf regarding the above loan and the disbursement of insurance benefits related to the above referenced insurance claim.

Thank you for your prompt attention to this matter. If any questions arise please contact the undersigned.

Sincerely,

_____   _____
Client   Date

_____   _____
Client   Date

(NOTARIZED BY YOUR CLIENT, NOT PA COMPANY)

Sample Letter : First Request for Policy

[[company.logo,100]]   **[[company.name]]**
                                                    [[company.address.line1]]
                                                    [[company.address.line2]]
                                [[company.fax]:notEmpty(Main)] [[company.phone]]
                                                    [[company.fax]:prepend(Fax)]

                                                    [[today]:format(long)]]

[[Insurance.company]]
[[Insurance.company.address.line1]]
[[Insurance.company.address.line2]]

      Insured Information:
      [[Client.fullname]]
      [[Client.address]]
      Claim Number: [[insurance.claimnumber]]
      Policy Number: [[insurance.policynumber]]
      Date of Loss: [[loss.date]]

Dear Insurance Adjuster:

Your insured is requesting [[Insurance.company]] promptly (within the next 14 days) provide our office with a complete, certified copy of the policy of insurance in effect on the date of loss, including the coverage limits and all declarations pages as well as *any and all documents and materials related to this claim*. We expressly request that the insurance policy being provided be certified as true and correct.

It is necessary for the insured to understand all terms and conditions under the policy so that the insured can comply with all duties after loss. A certified policy will avoid any confusion about the identity of the policy forms and endorsements, and will assist the insureds understanding of, and compliance with, the policy requirements.

If [[Insurance.company]] cannot or will not provide a certified copy of the insurance policy in the next Fourteen (14) days, please advise our office in writing as to why such actions cannot occur.

Sincerely,

[[Company.name]]
cc: Insured(s)

Sample Letter : Generic Cover Letter

[[company.logo,100]]   **[[company.name]]**
                                                                 [[company.address.line1]]
                                                                 [[company.address.line2]]
                                          [[company.fax]:notEmpty(Main)] [[company.phone]]
                                                            [[company.fax]:prepend(Fax)]

                                                                  [[today]:format(long)]]

[[client.fullname]]
[[client.address.line1]]
[[client.address.line2]]

Re: [[claim.fileId]]

Loss Address:	[[loss.address.line1]] [[loss.address.line2]]	**Insurance Company:**	[[insurance.company]]
Date of Loss:	[[loss.date]]	**Policy Number:**	[[insurance.policynumber]]
Cause of Loss:	[[loss.peril]]	**Claim Number;**	[[insurance.claimnumber]]

Dear [[client.salutation]],

Enter your own letter body here.

Sincerely,

[[user.name]]
[[user.title]]
[[user.company]]

Sample Letter : Client Invoice

DATE OF INVOICE	BILL TO	
[[today]]	[[client.name]] [[client.address.line1]] [[client.address.line2]]	[[today]]

CHECK NUMBER	INSURANCE COMPANY	INSURANCE CHK AMOUNT
	[[insurance.company]]	$

MORTGAGE COMPANY	LOAN NUMBER	CONTACT INFORMATION
[[mortgage.company]]	[[mortgage.loannumber]]	[[mortgage.company.address.line1]] [[mortgage.company.address.line2]] [[mortgage.company.phone.main]]

DESCRIPTION	TOTAL
Claim Number	[[insurance.claimnumber]:uppercase]
Check Amount	$
Service Fee [[claim.fee]]	$
Additional Expenses for Reimbursement	
Net Balance Due	$
Policy Holder Net Amount	$

INSURED SIGNATURE: _____

[[client.name]]

DATE: _____

PUBLIC ADJUSTER SIGNATURE: _____

Please make checks payable to:
[[Company.name]]
[[Company.addess]]

Sample Letter : Closed File Review (CFR)

DATE:	[[today]]	**CARRIER**	[[insurance.company]]
POLICYHOLDER	[[client.name]]	**CLAIM NUMBER**	[[insurance.claimnumber]:uppercase]
LOSS ADDRESS	[[client.address.line1]]	**POLICY NUMBER**	[[insurance.policynumber]]
	[[client.address.line2]]	**DATE OF LOSS**	[[insurance.claimnumber]]
COMPLETED BY:	_____	**PERIL**	[[loss.peril]]

RESOLUTION: ☐ Settled   ☐ Closed Without Payment (CWP)   ☐ Cancelled

☐ Yes ☐ No   1. Were all disbursements paid?

☐ Yes ☐ No   2. Any holdbacks or any supplemental payments due?

☐ Yes ☐ No   3. If co-endorsement was required, were all payments collected?

☐ Yes ☐ No   4. Were fees and disbursements in compliance with state limits?

☐ Yes ☐ No   5. Did the contract accurately reflect the company fee?

☐ Yes ☐ No   6. If company fee changed, was the contract amended?

☐ Yes ☐ No   7. Were your fees collected in full?

☐ Yes ☐ No   8. Were commissions paid to your staff, partners and vendors in full?

☐ Yes ☐ No   Have you sent a NPS survey?

☐ Yes ☐ No   Have you sent a thank you / request for testimonial?

☐ Yes ☐ No   Have you sent a claim release form?

☐ Yes ☐ No   Have you sent a referral packet?

☐ Yes ☐ No   Is claim packet archived / destroy date set?

CWP   Did you thoroughly document the reason for the closure?

Cancelled   Have you protected yourself through supporting documentation?

Dear friend of Bob Jones,

We were happy to have been able to help the Joneses recover from their recent property loss. If they are giving you this card, they feel that we could be of help to you, too. Here is my card with my personal cell phone number. Please contact me to discuss how my team may be of service to you.

Sincerely,

Tom DeAdjuster