

INSPECTION REPORT

Date Inspected:	Reserve:	Claim No:
Policyholder:		
Property Location:		
Adjusting Firm:		Contractor:
Adjuster:	Office #:	Cell #:
% damaged by wind:	% damaged by flood	
Estimating Program utilized:		
Experts Employed, with approval:		Policyholder Represented by:
1.		1.
2.		2.
3.		3.
Problems Encountered:		
Comments:		
Flood Carrier:		Flood Adjuster:
Firm:		Telephone #:
Flood Damage: Yes or No		Water surge or estimated water level in risk:
Other Insurance Carrier:		Telephone #: