



# FWUA FINAL REPORT SUMMARY

(INCLUDE WITH CLOSING REPORT)

FWUA Claim No \_\_\_\_\_

Date of Loss \_\_\_\_\_

Insured \_\_\_\_\_

Adjuster Self-Audit				Supervisor approval	Company Examiner Use ① Properly addressed ② Not properly addressed ③ Not applicable to claim <input checked="" type="checkbox"/>
Contact Date:	Inspection Date:				① ② ③
Photos Included & Labeled	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Roof Diagram & Measurements	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Depreciation Shown on Estimate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Sales Tax Shown on Estimate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Overhead & Profit on Estimate/ G.C. Contract Signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Coinsurance/RC Evaluation Done <i>Requirement met</i>	<input type="checkbox"/> YES <input type="checkbox"/> Yes	<input type="checkbox"/> NO <input type="checkbox"/> No	<input type="checkbox"/> N/A		① ② ③
Condo Docs Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Loss-of-Use Worksheets Done	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Correct Deductible Applied	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Salvage/Subrogation Addressed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Public Adjuster/Attorney	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Mortgagee Verified w/ Insured	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Flood Damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Denial Letter Needed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
<b>Mobile Home Total Loss:</b> Signed Title & Power of Attorney	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Underwriting Advisory Needed Documented in Narrative	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③
Service Invoice Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		① ② ③

I discussed the disposition of this claim with \_\_\_\_\_ on \_\_\_\_\_  
insured or representative date

Adjuster Signature

Adjusting Firm Supervisor Signature

Company Examiner Signature

Date

Date

Date

**\*\* This report must be submitted to AYO Carrier if claim is an AYO assignment \*\***

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(INCLUDE WITH CLOSING REPORT)

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This page maybe omitted if this information is included in the adjuster's closing report or statement of loss.

**Claim Payment(s):**

<b>Pay \$</b> -----	for	<input type="checkbox"/> Building		<input type="checkbox"/> Contents
		<input type="checkbox"/> Loss of Use		<input type="checkbox"/> Other
<b>Pay \$</b> -----	for	<input type="checkbox"/> Building		<input type="checkbox"/> Contents
		<input type="checkbox"/> Loss of Use		<input type="checkbox"/> Other
<b>Pay \$</b> -----	for	<input type="checkbox"/> Building		<input type="checkbox"/> Contents
		<input type="checkbox"/> Loss of Use		<input type="checkbox"/> Other

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**Mortgagee/Lien holder**  
(if different from Assignment Form) \_\_\_\_\_

**Advance Payments considered?**     Yes     No     N/A

**Mail Check(s) to**

- Mailing address shown on assignment form
- Property address shown on assignment form
- other (specify below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Narrative / Notes** (Narratives may be written in the space below or attached separately)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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