

# Commercial Claim Loss Adjustment Report

## Policy Information

Policy Number	_____	Claim Number	_____
Policy Holder	_____	Insurer	_____
Contact Information	_____		
Date of Loss	_____	Date Reported	_____

## Loss Description

Type of Loss	_____
Location of Loss	_____
Detailed Description	_____

## Assessment Findings

Inspection Date	_____
Findings Summary	_____
Cause of Loss	_____
Coverage Evaluation	_____

## Loss Calculation

Description	Amount
Property Damage Estimate	_____
Business Interruption Loss	_____
Other Covered Losses	_____
<b>Total Estimated Loss</b>	_____
Deductible	_____
<b>Net Claim Amount</b>	_____

## Adjuster's Recommendation & Comments

Recommendation	_____
Comments	_____

Adjuster Name	_____	Date	_____
---------------	-------	------	-------

<b>Signature</b>	
------------------	--

**Important Notes:**

- All estimations and findings should be backed by appropriate documentation and evidence.
- Ensure the claim is in compliance with policy terms and conditions before adjustment.
- Any discrepancies or additional information required should be clearly noted and communicated.
- This document is confidential and intended solely for claim evaluation purposes.