

# 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	_____
Total Estimated Loss	_____
Deductible	_____
Net Claim Amount	_____

## Adjuster's Recommendation & Comments

Recommendation	
Comments	

Adjuster Name	_____	Date	_____
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Signature	
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**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.