**M**

**(Your Company Name)**

Inter-Office Correspondence

**To**  **From**

|  |  |  |  |
| --- | --- | --- | --- |
| Insured: |  | Report Date: | 10/1/2014 |
| Policy No. |  | Loss Date: |  |
| Claim No. |  | Date Reported: |  |
| Our File No. |  | Assign Date: |  |
| Type of Loss. |  | Contact Date: |  |
| How Contact Established: | Telephone | Inspection Date: |  |
| Inspection Made With: |  |  |  |

**Reserves:**

Previous Payments:

 Cov A.

 Cov B.

 Cov C.

 Cov D.

Requested Payments:

 Cov A.

 Cov B.

 Cov C.

 Cov D.

Reserves after Payments:

 Cov A.

 Cov B.

 Cov C.

 Cov D.

**Enclosures:**

**Coverage:**

**Insured:**

**Risk:**

**Cause of Loss:**

**Salvage & Subrogation:**

**Adjustment:**