

FWUA Interim Report

Submit at 30-Day Intervals

Dwelling loss Condo/Commercial loss Mobile Home loss **AYO loss

FWUA CLAIM NO.:

DOL:

REPORT NUMBER:

1 2 3 4 5

DATE OF THIS REPORT:

INSURED NAME:

DATE OF PREVIOUS REPORT:

ANTICIPATED CLOSING DATE:

ANTICIPATED NET PAYMENT:

Have you inspected the loss?

YES NO

If yes, date of inspection:

Will a subsequent inspection be required?

YES NO

If yes, when?

Are there unresolved coverage issues?

YES NO

If yes, explain:

Will you need expert services?

YES NO

If yes, what discipline?

Briefly describe the status of the claim. Include any unusual circumstances.

Briefly describe the future activity planned to conclude the claim:

ADJUSTER SIGNATURE _____

SUPERVISOR/MANAGER SIGNATURE _____

(Adjusting Firm) _____

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