

**RELIANCE FIELD SERVICES  
INSURANCE LOSS REPORT FORM**

CLIENT NAME: \_\_\_\_\_  
ACCOUNT # : \_\_\_\_\_ LOAN TYPE : \_\_\_\_\_  
BORROWER NAME: \_\_\_\_\_ CO-BORROWER \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

Date of loss: \_\_\_\_\_ Type Of Loss: Fire \_\_\_ Water \_\_\_ Wind \_\_\_ Accident \_\_\_  
Other \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone : \_\_\_\_\_  
Address: \_\_\_\_\_

Damages:

- a) Describe damage as detailed as possible (if no repair list is available)

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

- b) Are repairs completed in a satisfactory manner? YES \_\_\_ NO \_\_\_  
if NO, list repairs not completed, estimate cost, and date to complete.

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

- c) Are debtor's satisfied with repairs? YES \_\_\_ NO \_\_\_  
if NO, explain.

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

d) **I/we, the undersigned borrower(s), acknowledge that I/we have reviewed this document with the inspector and agree with all responses as written herein. I/we further acknowledge that I/we are completely satisfied with the quality of all repairs done by the above named contractor. I/we further acknowledge that all such repairs were done in a workmanlike manner. I/we certify that all repairs are fully completed per prior agreement with the above named contractor and I/we do hereby authorize that full payment of all insurance proceeds be made to the contractor.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**BORROWER**

\_\_\_\_\_  
**BORROWER**

- e) Inspector's comments: \_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_ Inspector Signature : \_\_\_\_\_