

**Brian D. Birmingham, Public Adjuster**

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**STATEMENT AS TO FULL COST OF REPAIR OR REPLACEMENT  
UNDER THE REPLACEMENT COST COVERAGE**

Subject to Terms and Conditions of This Policy and State Laws

To the \_\_\_\_\_ Ins. Co.,

of \_\_\_\_\_ Policy No. \_\_\_\_\_

Agency at \_\_\_\_\_ Agent \_\_\_\_\_

Insured \_\_\_\_\_

Location \_\_\_\_\_

Type of Property involved in claim \_\_\_\_\_

Date of Loss \_\_\_\_\_ Type of Loss \_\_\_\_\_

**1:FULL AMOUNT OF INSURANCE APPLICABLE TO THE PROPERTY FOR WHICH CLAIM IS PRESENTED WAS..... \$ \_\_\_\_\_**

**2:FULL REPLACEMENT COST OF THE SAID PROPERTY AT THE TIME OF THE LOSS WAS..... \$ \_\_\_\_\_**

**3:THE FULL COST OF REPAIR OR REPLACEMENT IS..... \$ \_\_\_\_\_**

**4:APPLICABLE DEPRECIATION IS..... \$ \_\_\_\_\_**

**5:ACTUAL CASH VALUE CLAIM IS (line 3 minus line 4)..... \$ \_\_\_\_\_**

**6:LESS DEDUCTIBLES and/or PARTICIPATION BY THE INSURED..... \$ \_\_\_\_\_**

**7:ACTUAL CASH VALUE CLAIM IS (line 5 minus line 6)..... \$ \_\_\_\_\_**

**8:SUPPLEMENTAL CLAIM, to be filed in accordance with the terms and conditions of the replacement cost coverage within 730 \_\_\_\_\_ from date of loss as above..... \$ \_\_\_\_\_**

Signed \_\_\_\_\_ SAMPLE ONLY \_\_\_\_\_ Dated \_\_\_\_\_

Signed \_\_\_\_\_ SAMPLE ONLY \_\_\_\_\_ Dated \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ SAMPLE ONLY \_\_\_\_\_ Notary public