

TRANSMITTAL LETTER TO INSURER FORMAT

Name of Insurer or Adjuster
Name of Company
Street
City, State Zip Code

Re: State of Hawaii
 Insurer: Insurer
 Policy No.: (RMO to provide)
 Date of Loss: Date of loss
 Our Claim No.: (RMO to provide)

Dear

The following is being submitted in support of our claim for damages to
_____.

Building total: \$ _____

- 1. Copies of invoices and payments
 - a. XYZ Builders, Ltd. – emergency repairs proposal
- 2. Request for project bid
- 3. Emergency removal & clean-up documents
 - a. 3 bids
 - b. Payments:
 - i. \$198,045 dated 8-8-03, TBD Cleaner
 - ii. \$75,135.72, dated 10-09-03, Other Business
 - iii. \$22,005.00, dated 11-6-03, TBD Cleaner
 - iv. Bid Award
- 4. Supporting documents for payment of award
- 5. Schedule of construction (if applicable)

Contents total: \$ _____

- 1. Inventory and listing of all damaged contents and equipment - \$ _____
- 2. Listing of purchases, \$ _____
- 3. Copies of purchase orders/checks & invoices

Extra Costs total: \$ _____

- 1. Environmental Consultants, Inc. – proposal
 - a. Invoices – total: \$ _____ & purchase order
 - b. Report
- 2. Employee costs \$ _____
 - a. Submit copies of all overtime forms with explanation of work.

Extra Expenses total: \$ _____

1. Security, Inc., \$ _____
2. Emergency related expenses, such trailer rentals, office space, etc.
 - a. Provide copies of purchase orders and invoices

Photographs

1. Building
2. Contents

At this time we are requesting a partial payment of our loss and incurred costs in the amount of \$ (difference of amount incurred and deductible), which is \$(total amount incurred), less \$250,000 deductible. A spreadsheet is attached for you reference.

If you have any questions, please call me at _____.

Sincerely,

Encl: