[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address]
[City, State, Zip Code]

RE: Notice of Field Inspection Appointment

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]

Dear [Policyholder Name],

This letter is to confirm that a field adjuster has been assigned to inspect the damages reported in relation to your claim. The purpose of this visit is to conduct a physical inspection and document the extent of the loss.

Your appointment is scheduled as follows:

Date: [Inspection Date]
Arrival Window: [Start Time] - [End Time]
Adjuster Name: [Adjuster Name]
Adjuster Phone: [Adjuster Phone Number]

Please ensure that an adult (18 years or older) is present at the property during this time to provide the adjuster with access to all damaged areas. If there are interior damages, please ensure the areas are cleared of debris for a safe and thorough inspection.

If you need to reschedule this appointment, please contact the adjuster directly or call our claims department at [Company Phone Number] at least 24 hours in advance.

We look forward to assisting you with your claim.

Sincerely,

[Sender Name]
[Title]
[Company Name]