[Current Date]

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

Subject: Scheduled Re-inspection Appointment for Claim #[Claim Number]

Dear [Policyholder Name],

Following our initial assessment of your insurance claim, we have scheduled a secondary field inspection of your property. This follow-up visit is necessary to [reason for secondary inspection, e.g., review additional damages/verify specific repair estimates/provide a specialized assessment].

The appointment has been scheduled for:

Date: [Date of Inspection]
Time: [Time of Inspection]
Adjuster Name: [Adjuster Name]
Contact Number: [Adjuster Phone Number]

An adult over the age of 18 must be present to provide the adjuster with access to the property. We estimate the inspection will take approximately [Estimated Duration] hours.

If you need to reschedule this appointment, please contact us at [Office Phone Number] or email [Email Address] at least 24 hours in advance.

Thank you for your continued cooperation as we finalize your claim.

Sincerely,

[Your Name]
[Your Title]
[Company Name]