[Date]

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

RE: Notice of Property Inspection

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

Dear [Policyholder Name],

We have received your recent insurance claim. To assist in the evaluation of your loss, [Insurance Company Name] has assigned [Third-Party Adjusting Firm Name] to perform a physical inspection of your property.

An appointment has been scheduled for a field adjuster to visit your property as follows:

Date: [Inspection Date]
Estimated Time: [Arrival Window, e.g., 10:00 AM - 12:00 PM]
Adjuster Name: [Adjuster Name]
Contact Number: [Adjuster Phone Number]

The adjuster will need access to all damaged areas to take photographs and measurements. Please ensure that an adult (18 years or older) is present during the inspection. If you have any relevant documents, such as repair estimates or photos taken immediately after the damage occurred, please have them available for the adjuster to review.

If you need to reschedule this appointment, please contact the adjuster directly at the number provided above or call our office at [Office Phone Number] as soon as possible.

Please note that the field adjuster is responsible for gathering information and documenting damages. They do not make final coverage determinations or issue payments. Once the inspection report is completed, it will be submitted to your Claims Examiner for final review.

Thank you for your cooperation.

Sincerely,

[Sender Name]
[Title]
[Company Name]