



## CLIENT INFORMATION

OWNER / CLIENT \_\_\_\_\_ E-MAIL \_\_\_\_\_  
PROJECT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HM.PHONE \_\_\_\_\_ OFFICE \_\_\_\_\_ CELL \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
OTHER CONTACT \_\_\_\_\_ E-MAIL \_\_\_\_\_  
HM.PHONE \_\_\_\_\_ OFFICE \_\_\_\_\_ CELL \_\_\_\_\_

## INSURANCE COMPANY INFO

INSURANCE CO. \_\_\_\_\_ ADJUSTER \_\_\_\_\_  
OFFICE / CELL \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
INDEPENDENT ADJUSTING CO. \_\_\_\_\_ ADJUSTER \_\_\_\_\_  
OFFICE / CELL \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DEDUCTIBLE \_\_\_\_\_ CLAIM# \_\_\_\_\_ DATE OF LOSS \_\_\_\_\_  
POLICY LIMITS: BUILDING \$ \_\_\_\_\_ CODE \$ \_\_\_\_\_ DEBRIS \$ \_\_\_\_\_

## LOSS /CASE INFO

TYPE OF LOSS OR CAUSE OF DAMAGE (FIRE, FLOOD, ETC.) \_\_\_\_\_  
ROOMS OR AREAS AFFECTED: \_\_\_\_\_  
DO YOU HAVE AN INSURANCE ESTIMATE? YES – NO \_\_\_\_\_  
IS THIS A LAWSUIT? YES – NO \_\_\_\_\_  
WHAT TYPE OF ESTIMATE DO YOU NEED? COMPLETE–SUPPLEMENTAL–OTHER \_\_\_\_\_  
DETAILS OR SPECIAL NOTES \_\_\_\_\_  
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