

CLIENT / CUSTOMER INFORMATION

Date of Call: _____ Time of Call: _____ Respond # _____

Estimate Scheduled: _____ Homeowner Tenant

Property Owner: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Phone: Home Mobile _____ Email: _____

PROPERTY INFORMATION

Contact Person: _____ Phone: Home Mobile _____

Type of Loss: _____ DOL/ Actual: _____ Discovered: _____

Cause: _____

H2O Affected Areas: _____

How much H2O: _____ Sump Pump (?) _____ Finished Basement: _____

Floor Type: _____ Wall Type: _____ Ceilings(?) _____

Carpet Padding Wood Laminate Wood Floor Vinyl Concrete Tile

Contents Affected: _____

Repaired (?) Yes No Electric On (?) Yes No Heat On (?) Yes No Water On (?) Yes No

INSURANCE INFORMATION

Insurance Company: _____ Deductible: \$ _____

Adjuster Name: _____ Office Number: _____ Ext: _____

Mobile: _____ Email: _____

Policy Number: _____ Claim Number: _____

PROPERTY SITUATION

CLEANING WATER RESTORATION FIRE RESTORATION MOLD REMIATION CLIENT

Technician: _____ Chief Manger Officer: _____