



CUSTOMER INFORMATION

Date:	Company Name:
Contact:	

HOMEOWNER/JOB INFORMATION

Homeowner/ Job Name:		Insurance Company:	
Address:		Claim Number:	
City:	State/ Province:	Zip/ Postal Code:	Permit Jurisdiction:
		Sales Tax:	

Order Imagery: Aerialogics EagleView Pictometry Other: _____

How many structures? _____ If more than one structure, please complete the "Secondary Structure(s)" section on page 3 Check if any changes to structure(s) in last 2 years

IF NO IMAGERY AVAILABLE, THE FOLLOWING SECTION AND ALL OF THE QUANTITIES ON THE ENTIRE FORM MUST BE FILLED OUT

Sq Ft.:	Pitch:	
Sq Ft.:	Pitch:	
Sq Ft.:	Pitch:	
Sq Ft.:	Pitch:	
Total Sq Ft.:	<input type="checkbox"/> High Charge Total Sq Ft.:	Waste Factor:

ROOF INFORMATION 

What types of materials are you REMOVING?

Laminate:	Layers:	Wood:	Layers:
Metal:	Layers:	Tile:	Layers:
Flat:	Layers:	Other:	Layers:

Are you replacing any SHEATHING?

Type:	Sq Ft:	Code Requirement? <input type="checkbox"/>
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What type of UNDERLAYMENT are you installing?

Felt:	Ice & Water?:	Total LF:	Code Req.? <input type="checkbox"/>
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What roofing materials are you INSTALLING?

Laminate:	Code Req.? <input type="checkbox"/>	Wood:	Code Req.? <input type="checkbox"/>
Tile:	Code Req.? <input type="checkbox"/>	Metal:	Code Req.? <input type="checkbox"/>
Flat:	Code Req.? <input type="checkbox"/>	Other:	Code Req.? <input type="checkbox"/>

Ridge / Hip?

Type:	Total LF:
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What FLASHINGS / METALS are you replacing? (Continued onto next page) Total LF. only required if no imagery available

DRIP EDGE	Eave:	Total LF.:	Code Req.? <input type="checkbox"/>	Rake:	Total LF.:	Code Req.? <input type="checkbox"/>
STEP FLASHING:		Total LF.:	Code Req.? <input type="checkbox"/>			
"L" FLASHING:		Total LF.:	Code Req.? <input type="checkbox"/>			
COUNTER FLASHING:		Total LF.:	Code Req.? <input type="checkbox"/>			
VALLEYS:		Total LF.:	Code Req.? <input type="checkbox"/>			

What FLASHINGS / METALS are you replacing? (Continued from previous page)							Total LF. only required if no imagery available	
PITCH CHANGE METAL?:						Total LF.:	Code Req.? <input type="checkbox"/>	
CHIMNEY FLASHING:		SM:	MED:				LRG:	
KICKOUT DIVERTER Qty:								
BUILD CRICKET /SADDLE:						Qty:	Code Req.? <input type="checkbox"/>	
ENCLOSURE STRIPS:						Total LF.:		
SNOW GUARDS:						Total LF.:		
OTHER:		Total LF.:	Sq Ft.:			Qty:		
Are you replacing any PIPE JACKS or VENTS?								
1-4" PIPE JACKS:						Qty:		
6" PIPE JACKS:		Qty:	8" PIPE JACKS:		Qty:			
TURTLE VENTS:				Qty:	<input type="checkbox"/> Detach & Reset Only		Qty:	
ADDITIONAL CODE REQUIRED TURTLE VENTS:						Qty:		
EXHAUST VENTS:		Qty:	Code Req.? <input type="checkbox"/>	POWER ATTIC FANS:		Qty:	Code Req.? <input type="checkbox"/>	
FURNACE VENTS:		Qty:	Code Req.? <input type="checkbox"/>	RIDGE VENT:		Qty:	Code Req.? <input type="checkbox"/>	
TURBINE VENTS:		Qty:	Code Req.? <input type="checkbox"/>	OTHER:		Qty:	Code Req.? <input type="checkbox"/>	
SOFFIT LF:		Width:	Color:	FASCIA LF:		Width:	Color:	
OVERHANG:		Other:		CEILING:		Notes:		
Notes:								
ARE ANY ROOF ACCESSORIES PAINTED (Vents, Flashings, Jacks)? <input type="radio"/> Yes <input type="radio"/> No								
Are there any SKYLIGHTS needing work?								
DOME:		Qty:	ROOF WINDOW:		Qty:			
DOME:		Qty:	ROOF WINDOW:		Qty:			
Are there any ACCESSORIES to remove & reset?								
# SAT DISH:		# ANTENNAS:		# SWAMP COOLERS:		# A/C UNITS:		
OTHER:				Qty:	OTHER:			Qty:
Are there any GUTTERS replaced?							D&R = Detach & Replace	
GUTTERS:		DOWNSPOUTS:			GUARDS /SCREENS:			
LF:		LF:			LF:			
<input type="checkbox"/> D&R Only <input type="checkbox"/> Custom Painted		<input type="checkbox"/> D&R Only <input type="checkbox"/> Custom Painted			<input type="checkbox"/> D&R Only <input type="checkbox"/> Custom Painted			
NON-ROOFING Debris Removal?								
Type:				Qty:	<input type="checkbox"/> Apply Base Service Charge? <input type="checkbox"/> Apply O&P?			
Authorized Signature:				Technician Signature:				

NOTES

Only complete this section if ordering imagery of a property with multiple structures

Secondary Structure(s)

First Additional Structure Details

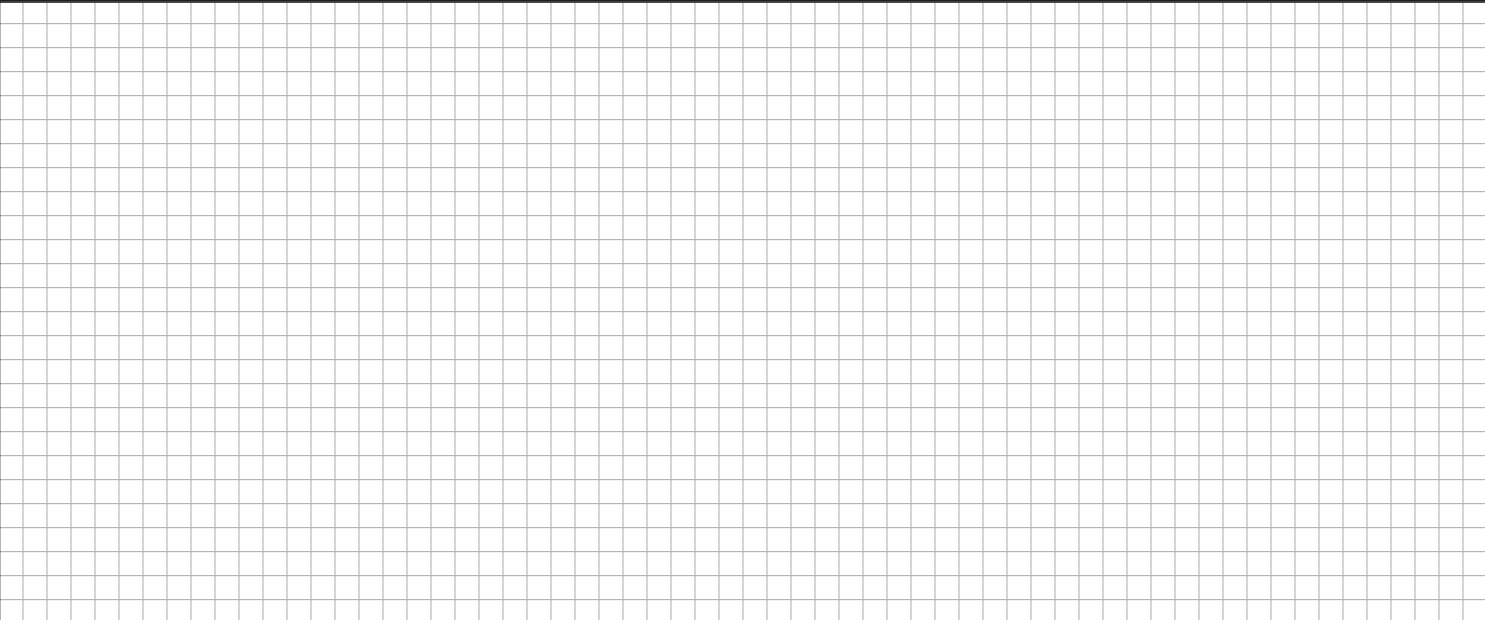
Sq Ft.:	Pitch:	Sq Ft.:	Pitch:	Total Sq Ft.:
<input type="checkbox"/> High Charge	Total Sq Ft.:	RidgeCap:		Total LF.:
Laminate:		Layers:	Wood:	Layers:
Metal:		Layers:	Tile:	Layers:
Flat:		Layers:	Other:	Layers:

Second Additional Structure Details

Sq Ft.:	Pitch:	Sq Ft.:	Pitch:	Total Sq Ft.:
<input type="checkbox"/> High Charge	Total Sq Ft.:	RidgeCap:		Total LF.:
Laminate:		Layers:	Wood:	Layers:
Metal:		Layers:	Tile:	Layers:
Flat:		Layers:	Other:	Layers:

If aerial imagery not available, sketch below:

DRAWING AREA / NOTES



SIDING FRONT ELEVATION

Total Square Feet:

SIDING

Type of Siding:	Other:
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Service to be Provided:	Square Feet:
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WINDOW TRIM WRAPS

DOOR WRAPS

Small: Each	Single: Each
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Medium: Each	Double: Each
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Large: Each	Garage: Each
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SHUTTER SETS

SCREENS

Amount	Small:	1-9 SF:
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	Medium:	10-16 SF:
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	Large:	17-25 SF:
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Material:	26-32 SF:
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ACCESSORIES

Amount		Amount	
	Exterior Light:		Outlet:
	Phone Box:		Vents:
	A/C Disconnect:		Comb A/C Fins
	Gable Vents:		Other:

WINDOW WORK

Vinyl:	Size:	Qty:	Glazing Bead:	Total LF:
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Aluminum:	Size:	Qty:	Re-Glaze:	Qty:
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Wood:	Size:	Qty:	Retrofit:	Qty:
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ADDITIONAL NOTES

SKETCH

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SIDING RIGHT ELEVATION

Total Square Feet:

SIDING

Type of Siding:	Other:
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Service to be Provided:	Square Feet:
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WINDOW TRIM WRAPS

DOOR WRAPS

Small: Each	Single: Each
Medium: Each	Double: Each
Large: Each	Garage: Each

SHUTTER SETS

SCREENS

Amount		
	Small:	1-9 SF:
	Medium:	10-16 SF:
	Large:	17-25 SF:
	Material:	26-32 SF:

ACCESSORIES

Amount			Amount	
	Exterior Light:			Outlet:
	Phone Box:			Vents:
	A/C Disconnect:			Comb A/C Fins
	Gable Vents:			Other:

WINDOW WORK

Vinyl:	Size:	Qty:	Glazing Bead:	Total LF:
Aluminum:	Size:	Qty:	Re-Glaze:	Qty:
Wood:	Size:	Qty:	Retrofit:	Qty:

ADDITIONAL NOTES

SKETCH

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SIDING REAR ELEVATION

Total Square Feet:

SIDING

Type of Siding:	Other:
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Service to be Provided:	Square Feet:
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WINDOW TRIM WRAPS

DOOR WRAPS

Small:	Each	Single:	Each
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Medium:	Each	Double:	Each
---------	------	---------	------

Large:	Each	Garage:	Each
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SHUTTER SETS

SCREENS

Amount	Small:	1-9 SF:
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Amount	Medium:	10-16 SF:
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Amount	Large:	17-25 SF:
--------	--------	-----------

Amount	Material:	26-32 SF:
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ACCESSORIES

Amount		Amount	
	Exterior Light:		Outlet:
	Phone Box:		Vents:
	A/C Disconnect:		Comb A/C Fins
	Gable Vents:		Other:

WINDOW WORK

Vinyl:	Size:	Qty:	Glazing Bead:	Total LF:
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Aluminum:	Size:	Qty:	Re-Glaze:	Qty:
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Wood:	Size:	Qty:	Retrofit:	Qty:
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ADDITIONAL NOTES

SKETCH

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SIDING LEFT ELEVATION

Total Square Feet:

SIDING

Type of Siding:	Other:
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Service to be Provided:	Square Feet:
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WINDOW TRIM WRAPS

DOOR WRAPS

Small: Each	Single: Each
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Medium: Each	Double: Each
---	---

Large: Each	Garage: Each
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SHUTTER SETS

SCREENS

Amount	Small:	1-9 SF:
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Amount	Medium:	10-16 SF:
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Amount	Large:	17-25 SF:
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Material:	26-32 SF:
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ACCESSORIES

Amount		Amount	
	Exterior Light:		Outlet:
	Phone Box:		Vents:
	A/C Disconnect:		Comb A/C Fins
	Gable Vents:		Other:

WINDOW WORK

Vinyl:	Size:	Qty:	Glazing Bead:	Total LF:
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Aluminum:	Size:	Qty:	Re-Glaze:	Qty:
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Wood:	Size:	Qty:	Retrofit:	Qty:
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ADDITIONAL NOTES

SKETCH

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INTERIOR ROOM INFORMATION

L=Length W=Width H=Height

Room Name:

Main Room L: W: H:	Missing Walls L: W: H:
Offset/ Subroom 1 L: W: H:	Missing Walls L: W: H:
Offset/ Subroom 2 L: W: H:	Missing Walls L: W: H:
Offset/ Subroom 3 L: W: H:	Missing Walls L: W: H:

DRYWALL REPAIR

Type:	Sq Ft.:
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INSULATION

Type:	Sq Ft.:
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SPOT SEAL / STAIN

Type:	Sq Ft.:
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PAINT CEILING

Type:	Sq Ft.:
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PAINT WALLS

Type:	Sq Ft.:
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ACCESSORIES

Lights Detach & Reset	Type:	Qty:	Type:	Qty:
	Type:	Qty:	Type:	Qty:

Heat Register Qty:	Thermostat Qty:	Cold Air Return: Qty:
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Ceiling Fan W/ Light Qty:	Ceiling Fan W/Out Light Qty:	Door Chime Qty:	Smoke Alarm Qty:
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APPLIANCES

Type: Qty:	Type: Qty:
Type: Qty:	Type: Qty:

CONTENTS

Move Out & Reset:	Cover W/ Plastic Sq Ft.:
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NOTES

SKETCH

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