

HOMEOWNER \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CLAIM # \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # ( ) CELL/ WORK# ( )

MORTGAGE CO. \_\_\_\_\_

☐ 3 TAB ☐ 20 YR ☐ 25 YR  
☐ ARCHITECTUAL ☐ 30 YR ☐ 40 YR ☐ 50YR  
☐ CEDAR ☐ SLATE  
☐ OTHER \_\_\_\_\_ ☐ OTHER \_\_\_\_\_

PITCH \_\_\_\_\_ / 12 LAYERS \_\_\_\_\_  
2 STORY ☐ # of SQ \_\_\_\_\_  
ACCESS ☐ YES ☐ NO  
Misc \_\_\_\_\_

FRONT

MEASUREMENTS

LENGTH	WIDTH	TOTAL
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
_____ X _____	= _____	
ACTUAL TOTOAL	= _____	

lft _____	EAVE	PIPE BOOTS 1.5" _____	2" _____	3" _____	4" _____
lft _____	RAKE	CHIMNEY Sm _____	Md _____	Lg _____	
lft _____	RIDGE	SKY LIGHT # _____	Size _____	X _____	
lft _____	HIP	SKY LIGHT # _____	Size _____	X _____	
lft _____	VALLEY <input type="checkbox"/> Open		# _____	POWER POLE	
# _____	BOX VENTS	lft _____	GUTTER APRON	# _____	SAT DISH
lft _____	RIDGE VENT	lft _____	DRIP EDGE	# _____	ANTENA
# _____	POWER VENT	<input type="checkbox"/> OPEN CORNICE	(Overhang X Eave Length) = _____	Sqft	
# _____	TURBINE				
lft _____	STEP FLASHING				
lft _____	WALL FLASHING				

SPECIAL NOTES:

(ACTUAL TOTAL) X 1.10% for Gable Roof =  
(ACTUAL TOTAL) X 1.15% for Hip Roof =

TOTAL SQUARES	FLAT ROOF
	TOTAL SQUARES