

ROOF NAME: _____ **Date:** _____

Insured: _____ DOL: _____
 Address: _____ COL: _____
 Ins. Company: _____ Ins. Rep: _____



	TYPE#		ACTION	Notes
Drip Edge _____	Box		(R&R / D&R)	
Type _____	Turbine		(R&R / D&R)	
Age _____	Power		(R&R / D&R)	
Layers _____	Ridge		(R&R / D&R)	
Condition _____	Rubber		(R&R / D&R)	
Overhang _____	Lead		(R&R / D&R)	
Pitch _____	Chimney		(R&R / D&R)	
	Step		(R&R / D&R)	
	Apron		(R&R / D&R)	
	Counter		(R&R / D&R)	

SKETCH

Front Elevation	
Right Elevation	
Rear Elevation	
Left Elevation	
Fence	Deck