



Name: _____

Address: _____

Home Phone: _____

Insurance Co.: _____

Date: _____ Time: _____

City/State: _____ ZIP: _____

Email: _____

Claim Number: _____

ROOFING SPECIFICATIONS

- Mfr Shingle _____ Style _____
- Color of Shingle: _____
- Tearoff: _____ Layers: _____ 2-Story
- Pitch: _____ Felt Ice & WaterShield
- Vents 750's Ridge Turbines
- Drip Edge Plumbing Jacks Skylights
- Premium Extended Warranty
- Remove debris from roof, gutters and yard
- Roll yard with magnetic roller
- Protect Landscaping Furnish Permit

SIDING / GUTTER SPECIFICATIONS

- Siding Type _____ Color: _____
- Style of Siding: D4 Dutchlap
- Fanfold Insulation Housewrap
- Soffit _____ Fascia _____
- Gutters Downspouts OS Downspouts _____
- Window Wraps _____ Door Wraps _____
- Trim Colors: _____
- Remove debris from yard Protect Landscaping
- Furnish Permit

Your Project will begin on or about _____ (subject to the Company receiving approval from Owner's Insurance Company, and is expected to be completed within _____ days from the delivery of materials, subject to delays for weather, delays in obtaining materials or permits, or other events beyond the Company's reasonable control.

DAMAGE REPORT

- Roof Wind Hail Type: _____
- Siding Wind Hail Type: _____
- Gutters/Downspout Wind Hail Type: _____
- Soffit/Fascia Wind Hail Type: _____
- Other Wind Hail Type: _____

DAMAGE NOTES _____

PRICE AGREEMENT*

- Roof SQ. _____
 - Siding SQ. _____
 - Gutters LF. _____
 - Downsp LF. _____
 - Soffit SF. _____
 - Fascia LF. _____
 - Wraps QTY. _____
 - _____
 - _____
- DEDUCTIBLE \$ _____

PAYMENT SCHEDULE

First Payment Due Upon Delivery of Material

Paid Date: ____/____/____ CK# _____ @ \$ _____

Paid Date: ____/____/____ CK# _____ @ \$ _____

Balance Due On Completion

DISCOUNTS OR CREDITS WILL BE HONORED UPON FINAL PAYMENT

***PRICE AGREEMENT NOTE:** Pricing is separated by trade and subject to insurance co. approval on an individual basis. The **deductible** is the homeowner's responsibility. Homeowner is not obligated to any trades that are not approved by the insurance co.

INSURANCE / MORTGAGE NOTE: I hereby authorize the insurance and / or mortgage company below to make any checks payable jointly. Additionally, I authorize my insurance / mortgage companies to release all documentation to 5280Storm to assist in expediting the claim process.

TERMS: This agreement does not obligate the homeowner or 5280Storm in any way unless it is approved by the insurance company and accepted by 5280Storm. By signing this agreement the homeowner authorizes 5280Storm to pursue homeowner's best interests for a roof / siding replacement at a "price agreeable" to the insurance co. and 5280Storm with no additional cost to the homeowner except for the **deductible**. Upon approval or confirmation by my insurance company on the scope of damages and agreed price as listed on this agreement, I authorize 5280Storm to obtain labor and material in accordance with this "price agreement" and the specifications set out herein and on the reverse side hereof to accomplish the replacement.

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT. (SEE EXHIBIT A.)

Representative

Date

Accepted by Homeowner

Date

Representative

Date

Accepted by Homeowner

Date