

CLIENT INTAKE SHEET

Client's Name: Matthew Johnson General Contractor: United States Roofing

Client's Phone Number: (000) 000-0000 Client's Email Address: matthewjohnson@gmail.com

Insurance Company: State Farm Policy Number: 00-00A0-00B

Property Information

Loss Address: 1234 E Main St. Kingston NY 12401

How old is your roof? 6 years ______ Have any recent repairs been done? No______

How old is your property? 15 years Have any claims been filed under current policy? No_____

Was an emergency tarp required/installed? No

Additional Information: Damage to shingled roof, lifted and missing shingles. Roof replaced 6 years ago. No interior damage, no damage to sidings, no damage to separate structures.

Claim Information

Loss Peril: <u>Wind</u> Date of Los	ss: 07/07/2023	Date of Discovery: 07/18/2023
Interior Damage? No Damage to Separ	rate Structures? <u>No</u>	_ Damage to Personal Property? <u>No</u>
Has a claim been filed? <u>No</u> Claim N	lumber:	
Settlement amount paid:		
Adjuster's Name:	Adjuster's Phone N	Number:
Adjuster's Email Address:		
Claim Summary: No claim has been filed yet. Initial inspection done and photos were taken.		
Client's Name: Matthew Johnson	_Client's Signature: _/	Matthew Dolugian Date: 07/18/2023

7501 E McDowell Rd #3201 Scottsdale, AZ 85257