



BrightHive

SOLUTIONS LLC

CLIENT INTAKE SHEET

Client Information

Client's Name: _____ General Contractor: _____

Client's Phone Number: _____ Client's Email Address: _____

Insurance Company: _____ Policy Number: _____

Lender: _____ Loan Number: _____

Property Information

Loss Address: _____

How old is your roof? _____ Have any recent repairs been done? _____

How old is your property? _____ Have any claims been filed under current policy? _____

Was an emergency tarp required/installed? _____

Additional Information:

Claim Information

Loss Peril: _____ Date of Loss: _____ Date of Discovery: _____

Interior Damage? _____ Damage to Separate Structures? _____ Damage to Personal Property? _____

Has a claim been filed? _____ Claim Number: _____

Settlement amount paid: _____

Adjuster's Name: _____ Adjuster's Phone Number: _____

Adjuster's Email Address: _____

Claim Summary:

Client's Name: _____ Client's Signature: _____ Date: _____