Cover Page Info: Smoke Cleaning Xactimate Estimate

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This page is for cover page and some other important information. Do not send the cover page more than once per job Once you have given your company information you will not need to provide it again **Company Name:** Your Name: **Company Address Street: Company City:** State: Zip Code: **Company Email: Company Phone:** Job Name: **Job Address Street** Zip Code: Job City: State: **Date Of Loss: Claim Number: Insurance Company:** In A Few Words, What Happened? **Emergency Service Call?** \bigcirc No After Hours Or Weekend? \bigcirc No List Equipment Used And For How Long? **Equipment Set Up - Total Hours Equipment Take Down - Total Hours Monitor Equipment - How Many Days Monitoring Hours Per Day How Many Hazmat Suits Were Worn How Many Mask Filters Were Used** Plastic Barrier - How Many Square Feet Disposal Needs: Dumpster 12 Yd **○20 Yd** ○30 Yd ○40 Yd ○Pickup Load ○Dump Truck Load

If you have an adjusters estimate please send it also

You can fax it to us at: 877-867-7720 Or Email To: Estimatewriters@Aol.Com

Next

Proceed to the next page and use that page over and over again, one page for each room that is to be included. Attics, crawlspaces,, and basements, do on their own pages also. Drawings of rooms should include closets. Hallways and entry need included in other drawings or by themselves. If you can't provide drawings, include at least the room dimensions, or the square footage of every activity.

Use the form as much as possible and write anywhere you can for additional information. The form includes most frequently used items, but anything can be added, <u>anything</u>.