

SERVING TEXAS, COLORADO & THE MIDWEST SINCE 1996



EXCEL CONSTRUCTION GROUP

ROOFING & CONSTRUCTION

SCS INSPECTION / DAMAGE CHECKLIST – (844) 601-ROOF (7663)

Client Name :	Date :
Address :	Claim Number :
Adjuster Name :	Insurance Provider :
Adjuster Email :	Adjuster Phone :

Roof - ☐ Photos Taken		Waste : ☐ 10% ☐ 15% ☐ 18% ☐ 20%	
Pitch : ☐ Under 6 ☐ 7-9 ☐ 10-12 ☐ 13+ / ☐ 2-Story ☐ Basement / ☐ Attic Inspection			
SCS Shake w/ Felt : ☐ Yes ☐ No (RFGSTIL)	SCS Barrel w/ Felt : ☐ Yes ☐ No (RFGSTIL+)		
Battens 2x2 : ☐ Yes ☐ No (RFGSTNB2)	Nailer Boards Stacked 2x2 : ☐ Yes ☐ No (RFGSTNB2S)		
Counter Battens 1x4 : ☐ Yes ☐ No (RFGSTNBC1)	Nailerboard 1x4 : ☐ Yes ☐ No (RFGSTNB1)		
Steel Bird Stop : ☐ Yes ☐ No (RFGSTILBS)	Tarp : Sq Ft -		
Steel Tile Shake : ☐ Yes ☐ No HIP/RIDGE/RAKE (RFGSTILR)	Steel Tile Barrel : ☐ Yes ☐ No HIP/RIDGE/RAKE (RFGSTILC)		
Metal Z Flashing : ☐ Yes ☐ No (RFGFLZ)	Chimney Chase : ☐ Yes ☐ No / ☐ Chimney Cap		
Facia Metal : ☐ Yes ☐ No RAKE, GABLE, EAVE (RFGSTILF)	Valley Metal : ☐ Yes ☐ No (RFGVMTL)		
Exhaust Cap : QTY -	Ridge End Cap : ☐ Yes ☐ No (RFGMTLREC)		
Turbines : QTY -	I & W / High Temp Felt : ☐ Yes ☐ No (RFGIWSHT)		
Decking : QTY - / Size -	Satellite System : ☐ Detach ☐ Reattach		
Skylight Flashing KIT : ☐ Yes ☐ No (WDSDDL)	Skylight : QTY - / Size -		
Redeck : ☐ Yes ☐ No (RFGWSRMV)	Roofing General Labor – Per Hour : (RFGLABL)		
Sheathing – OSB 5/8" : ☐ Yes ☐ No (FRMSH5/8)	Roofer – Per Hour : (RFGLAB)		
Remove Sheathing 1"x6" : ☐ Yes ☐ No (FRMSH1X6)	Sheathing H-Clips : ☐ Yes ☐ No (RFGSHCLIP)		
What is Underneath :	Number of Layers :		
Pipe Jack Boots : ☐ 1.5" QTY - ☐ 2" QTY - ☐ 3" QTY - ☐ 4" QTY -			

Miscellaneous Property Items -
HVAC : Describe -
Pool : ☐ Tarp / Describe Damage -
Land Scaping : ☐ Tarp / Describe Damage -
Pergola : Describe Damage -
Fencing : Ln Ft - ☐ Stained / Describe -
Other Structures : ☐ Shed ☐ Carport / Size - Type -

Room #1	Sq Ft - / ☐ Antimicrobial Treatment ☐ Content Manipulation
Describe -	
Room #2	Sq Ft - / ☐ Antimicrobial Treatment ☐ Content Manipulation
Describe -	
Room #3	Sq Ft - / ☐ Antimicrobial Treatment ☐ Content Manipulation
Describe -	
Room #4	Sq Ft - / ☐ Antimicrobial Treatment ☐ Content Manipulation
Describe -	

Due to the complexity of the property damage I, _____ Property Owner, request that a supplement of O&P be paid to my restoration General Contractor.

Consultant Signature : _____

[illegible]