



EXCEL CONSTRUCTION GROUP

ROOFING & CONSTRUCTION

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

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

Roof -	Waste : <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 18% <input type="checkbox"/> 20%
Pitch : <input type="checkbox"/> Under 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> 13+ / <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	
Shingles : <input type="checkbox"/> 3 Tab <input type="checkbox"/> Laminate <input type="checkbox"/> Class 4	Felt : <input type="checkbox"/> 15 lb <input type="checkbox"/> 30 lb / Synthetic
Starter Strip : <input type="checkbox"/> Yes <input type="checkbox"/> No	Drip Edge : <input type="checkbox"/> Painted <input type="checkbox"/> Gutters Nailed-in <input type="checkbox"/> Replace
Valley Metal : <input type="checkbox"/> Yes <input type="checkbox"/> No / Ln Ft -	Flue Cap : QTY -
Exhaust Cap : QTY -	Chimney Chase : <input type="checkbox"/> Yes <input type="checkbox"/> No / <input type="checkbox"/> Chimney Cap
Chimney Flashing : Ln Ft -	Step Flashing : Ln Ft -
Counter Flashing : Ln Ft -	Ridge Vent : <input type="checkbox"/> Yes <input type="checkbox"/> No / Ln Ft -
Turbines : QTY -	Hip & Ridge : Ln Ft -
Decking : QTY - / Size -	Satellite System : <input type="checkbox"/> Detach <input type="checkbox"/> Reattach
Skylight : QTY - / Size -	Tarp: Sq Ft -
Cornice Gable Returns : QTY -	Roofer Hours :
Pipe Jacks : <input type="checkbox"/> Yes <input type="checkbox"/> No QTY -	Turtle Vents : <input type="checkbox"/> Yes <input type="checkbox"/> No QTY -
Gooseneck Vents : <input type="checkbox"/> Yes <input type="checkbox"/> No QTY -	Other :

Gutters, Windows & Siding –	D + R <input type="checkbox"/> Yes <input type="checkbox"/> No	R + R <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gutters : Ln Ft -	<input type="checkbox"/> Painted <input type="checkbox"/> 5" <input type="checkbox"/> 6" <input type="checkbox"/> Gutter Guards : Ln Ft -	/ Down Spouts : Ln Ft -
<input type="checkbox"/> Screens : QTY -	Sizes :	<input type="checkbox"/> Solar <input type="checkbox"/> Standard
Siding : Sq Ft -	Type :	

Miscellaneous Property Items -
HVAC : Describe -
Pool : <input type="checkbox"/> Tarp / Describe Damage -
Land Scaping : <input type="checkbox"/> Tarp / Describe Damage -
Pergola : Describe Damage -
Fencing : Ln Ft - <input type="checkbox"/> Stained / Describe -
Other Structures : <input type="checkbox"/> Shed <input type="checkbox"/> Carport / Size - Type -
Personal Property :

Room #1	Sq Ft - / <input type="checkbox"/> Antimicrobial Treatment <input type="checkbox"/> Content Manipulation
Describe -	
Room #2	Sq Ft - / <input type="checkbox"/> Antimicrobial Treatment <input type="checkbox"/> Content Manipulation
Describe -	
Room #3	Sq Ft - / <input type="checkbox"/> Antimicrobial Treatment <input type="checkbox"/> Content Manipulation
Describe -	
Room #4	Sq Ft - / <input type="checkbox"/> Antimicrobial Treatment <input type="checkbox"/> Content Manipulation
Describe -	

O&P -

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.

Property Owner Signature : _____

Consultant Signature : _____

Notes -
