

SCOPE NOTES MADE EASY

Claim Number:	Cause of Loss:
Insured:	Adjusting Company:
Policy Number:	Adjuster Assigned:
Loss Location:	Date Assigned:
Date of Loss:	Date Insured Contacted:
Date Reported:	Date Loss Inspected:

ROOF INFORMATION

Roof Evaluation: (See drawing of roof) PITCH _____/12 2 Story Fees Applies Steep Charges Applies

Type of Roof (RFG): Single Story Two Story Other _____

Applicable Roofs: Flat Gable Hip Dutch Gambrel

Shingles: 220 240 250 280 300 400 500 Other _____

Metal: Standard High Premium

Built Up: 3Ply 4Ply 5Ply Others _____

Tiles: Clay "S"/Flat Clay "Barrel" Glazed Concrete

OTHER _____

Vents: Power Vent # _____ Turtle # _____ Turbine # _____ Other _____

Ridge Cap Type: _____

Valley Info: _____

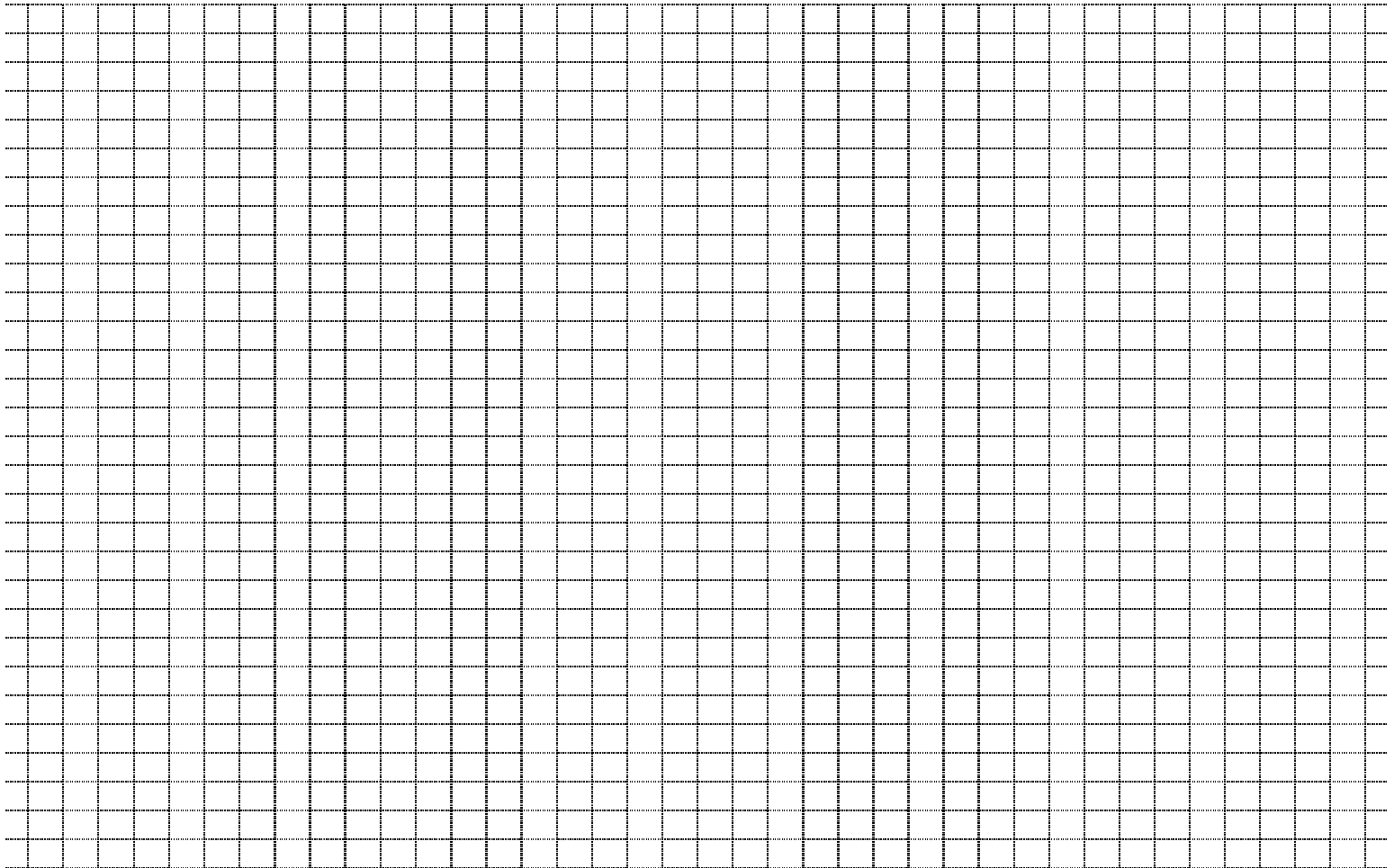
Chimney Info: _____

Drip Edge: Replace # Feet _____

Sheathing: # SF _____ 1/2 CDX 5/8 CDX 3/4 CDX Treated 1/2 Wafer 5/8 Wafer

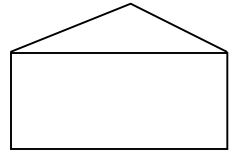
Pipe Jacks LEAD # _____ FLASHING _____ COPPER # _____ NEOPRENE _____

Other Info: _____



ELEVATION

_____ Level - Length LF _____ X Width LF _____ X Gable Height (If Applicable) LF _____



Fascia Size 4" 6" 8" TYPE _____

Action Taken _____

Gutter Type _____ Length _____ LF _____

Action Taken _____

Soffit Size 1FT 2FT 3FT 4FT TYPE _____

Action Taken _____

Siding Type _____

Action Taken _____

Shutter Type _____ Action Taken _____

Exterior Lighting _____ Action Taken _____

Missing Wall Items

WINDOWS

Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Other _____

Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Other _____

Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Other _____

Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Other _____

DOORS

Type of Door#1 _____ Size W _____ FT X H _____ FT Action Taken _____

Type of Door#2 _____ Size W _____ FT X H _____ FT Action Taken _____

Type of Door#3 _____ Size W _____ FT X H _____ FT Action Taken _____

Type of Door#4 _____ Size W _____ FT X H _____ FT Action Taken _____

Slab/Crawl Space/Basement

SLAB (Concrete) Crawl Space (Pier & Beam) Basement

Action Taken _____

Action Taken _____

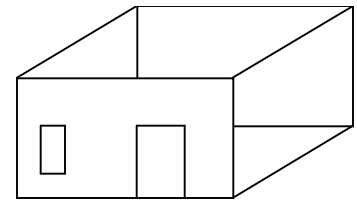
Action Taken _____

SPECIAL NOTES

Notes: _____

DRAWINGS or OTHER DETAILS

INTERIOR Room _____



Room Dimensions L _____ LF x W _____ LF x Ceiling Ht _____ LF
 Flat Ceiling Vaulted Slope Tray Other _____

OFFSETS

#1 _____ Size L _____ X W _____ FT X H _____ FT Action Taken _____
Missing Wall L _____ X W _____ FT
#2 _____ Size L _____ X W _____ FT X H _____ FT Action Taken _____
Missing Wall L _____ X W _____ FT
#3 _____ Size L _____ X W _____ FT X H _____ FT Action Taken _____
Missing Wall L _____ X W _____ FT
#4 _____ Size L _____ X W _____ FT X H _____ FT Action Taken _____
Missing Wall L _____ X W _____ FT

WINDOWS

Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Offset #` _____
Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Offset #` _____
Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Offset #` _____
Type _____ SF Size W _____ FT X H _____ FT Replace: Yes Offset #` _____

DOORS

Type _____ Size W _____ FT X H _____ FT Offset #` _____ Action Taken _____
Type _____ Size W _____ FT X H _____ FT Offset #` _____ Action Taken _____
Type _____ Size W _____ FT X H _____ FT Offset #` _____ Action Taken _____
Type _____ Size W _____ FT X H _____ FT Offset #` _____ Action Taken _____

CEILINGS

Drywall Plaster Suspended Wood (Type _____) Other _____
Ceiling Finish Orange Peel Light Tex Heavy Tex Machine Tex Smooth/Skim Popcorn With Glitter
Repairs: Patch Only Replace Ceiling Repair _____ SF
Paint: Seal _____ SF PNT 1-Coat PNT 2-Coat _____ SF SP Other : 2 Color _____ SF
Action Taken _____

PC-Moldings: Type _____ Paint Stain Replace _____ LF

Action Taken _____

WALL AREA:

Wallpaper (Standard High Premium) Drywall Patch Only Repair _____ SF
Paint: Seal _____ SF PNT 1-Coat PNT 2-Coat _____ SF SP Other : 2 Color _____ SF
Action Taken _____

PF-Moldings: Type _____ Paint Stain Replace _____ LF

Action Taken _____

FLOOR:

Ceramic Stone Vinyl Wood NA Clean R&R
 Carpet - Grades (Low Average High Premium) NA Clean R&R

COUNT: LIGHT FIXTURES _____ CEILING FANS _____ CEILING FAN W/LIGHTS _____ OUTLETS _____

A/C REGISTERS _____ OTHER _____

DRAWINGS or OTHER DETAILS

