

# Roof Insurance Claim





# Step 1 Property Assessment

Florida Blue Roofing, LLC will complete a thorough inspection of your property to identify and document claimable damage on your ROOF and other areas that may need repair, including: windows, doors, siding, decks, interior and exterior features. Damage from (Wind, Hail, or water)





## Step 2 File a Claim


Property owner files a claim with the insurance company, after which the insurance company will schedule an insurance adjuster to inspect damage. Florida Blue Roofing, LLC will meet with your adjuster onsite to assist with documentation and cost estimates.



# Step 3 Claim Adjustments and Approval

Insurance company will provide Florida Blue Roofing, LLC and HO with a detailed estimate of the exact work to be performed including labor and materials. Upon approval, they will issue a first check, which you will forward to Florida Blue Roofing, LLC along with your deductible payment. (Pricing, labor, material, and repairs are determined by insurance carrier) (HO is only responsible for deductible) (Complete Florida Blue Roofing, LLC paperwork)

2020-09-01-1141  
Dwelling  
Exterior  
Roof



DESCRIPTION	QUANTITY	UNIT PRICE	TAX	OMP	RCV	DEPREC.	ACV
The following line items account for replacement of the roof of this structure:							
1. Tear off, haul and dispose of comp. shingles - 3 in.	2784 SQ	37.59	0.00	209.30	1,255.81	(0.00)	1,255.81
2. Roofing felt - 15 lb.	2784 SQ	29.46	18.69	164.04	1,002.90	(135.55)	667.35
3a. Remove Drip edge	234.23 LF	0.30	0.00	14.06	84.33	(0.00)	84.33
3b. Drip edge	234.23 LF	2.18	17.68	102.12	630.42	(128.75)	599.67
4a. Remove Valley metal	99.12 LF	0.53	0.00	6.26	37.60	(0.00)	37.60
4b. Valley metal	99.12 LF	5.13	11.64	40.66	375.64	(73.99)	301.65
5a. Remove Flashing - pipe jack - lead	2.00 EA	6.42	0.00	2.56	15.40	(0.00)	15.40
5b. Flashing - pipe jack - lead	2.00 EA	59.67	7.80	23.86	151.00	(29.06)	121.94
6a. Remove Skylight flashing kit - dome	2.00 EA	4.43	0.00	1.78	10.64	(0.00)	10.64
6b. Skylight flashing kit - dome	2.00 EA	99.71	17.34	39.88	250.64	(115.61)	141.03
7a. Remove Fascia vent - rain cap and storm collar, 2"	1.00 EA	7.60	0.00	1.52	9.12	(0.00)	9.12
7b. Fascia vent - rain cap and storm collar, 2"	1.00 EA	45.91	2.04	9.18	37.13	(15.34)	41.79
8. 3 in. - 25 yr. - comp. shingle roofing - wood kit	30.67 SQ	190.19	279.74	1,203.44	7,580.33	(2,015.01)	5,485.32
9a. Remove Continuous ridge vent - shingle-cover style	74.58 LF	0.77	0.00	11.48	68.91	(0.00)	68.91
9b. Continuous ridge vent - shingle-cover style	74.58 LF	8.00	24.34	139.32	740.30	(141.93)	598.37
10a. Remove Ridge cap - composition shingles	133.70 LF	1.83	0.00	48.94	293.61	(0.00)	293.61
10b. Ridge cap - composition shingles	133.70 LF	3.72	13.09	99.48	609.93	(163.35)	446.58
<b>Totals: Roof</b>				<b>392.36</b>	<b>2,117.88</b>	<b>13,099.71</b>	<b>3,008.59</b>
<b>Total: Roof</b>							<b>10,091.12</b>

THE CHECKER PAPER CONTAINS COLORED MICROPRINTING AND WATERMARK, PROTECTED BY THE LAW OF THE UNITED STATES.

**John Smith**  
765 Dolor sit Amet APT B5  
Brooklyn, NY, 12345

CHECK NO 0007  
DATE: Aug 11, 2019

PAY TO THE ORDER OF: Mary Johnson \$ 715.39  
Seven hundred fifteen and 39/100 DOLLARS

ISSUABLE AT ALL CREDIT BANK BRANCHES IN USA  
ACCOUNT NO 301234567

**MEMO Monthly rent**  
i! 45678

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J. Smith  
AUTHORIZED SIGNATURE

i! 456789012 i! : 654321098 i! 89098765432109 i!







## Step 4 Project work to be completed

Permits secured, materials ordered, work commences and project is completed. During construction Florida Blue Roofing, LLC will document any unforeseen damage or repair requirements (supplements) while finishing the roof projects and other items listed on scope of work provided by the insurance company.





# Step 5 Final payments and Supplementals

Supplements approved and final invoice sent to insurance company. Your insurance company will issue you a check for the final balance, which you will forward to Florida Blue Roofing, LLC





## ACV vs RCV: How it Works

### ACV

#### ACTUAL CASH VALUE

Pays to replace or repair  
minus depreciation minus  
your deductible

#### EXAMPLE

Replacement Cost **\$10,000**

Minus Depreciation **\$4,000**

Minus Deductible **\$2,000**

Paid by Insurance **\$4,000**

Total Out-of-Pocket

**\$6,000**

### RCV

#### REPLACEMENT COST VALUE

Pays to replace or repair  
at full cost minus  
your deductible

#### EXAMPLE

Replacement Cost **\$10,000**

No Reduction for Depreciation

Minus Deductible **\$2,000**

Paid by Insurance **\$8,000**

Total Out-of-Pocket

**\$2,000**

