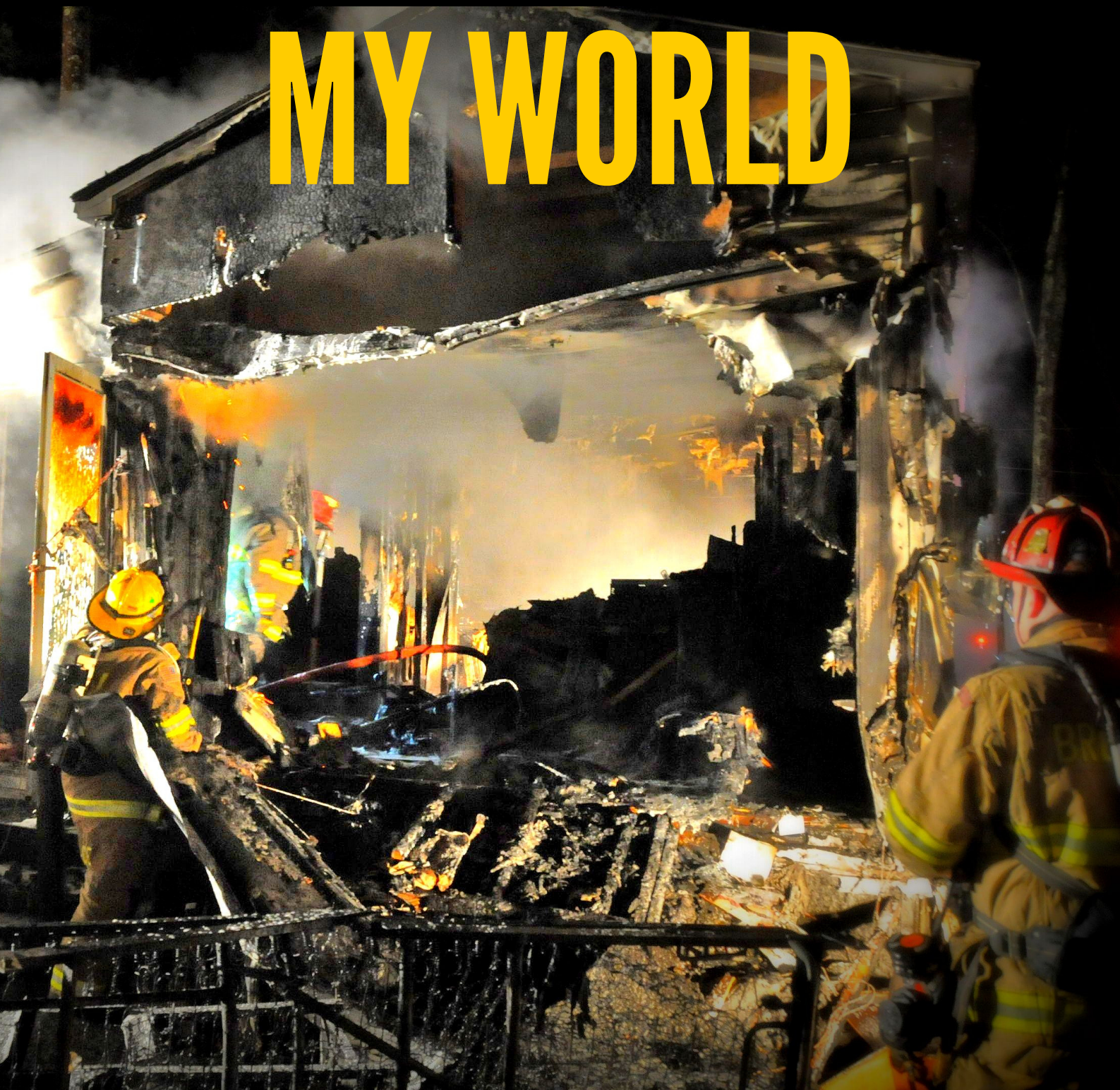


WELCOME TO MY WORLD



Claims
DELEGATES

Welcome to the world of Restoration

We're glad you found us. Our world is full of the burnt up and washed out remains of other peoples' lives.

Our job is to help put those lives back together.

On the following pages, you'll find some of the tools we use to help our clients start to put the pieces together again. Here is what is included:

- New Client Intake Form – to give us some information about you and your company
- Project Intake Form – for you to send assignments to us to turn into Xactimate estimates
- Service Agreement – so you know what you're getting yourself into
- Water Mitigation Package – This is the nuts & bolts of how to document water losses (and get paid) for input into Xactimate.
- Scope Notes Form – This is what you'll use to write scopes during job walks

We're here to help along the way. Reach out with questions:
info@ClaimsDelegates.com



NEW CLIENT INTAKE FORM

Client Intake Form

Company Name: _____

Mailing Address: _____

City, ST, ZIP: _____

Phone/Fax: _____ Website: _____

Contact Name: _____ Phone: _____

Email: _____ # of Employees: _____

Years in "Restoration": _____

☐ Carpet Cleaner

☐ Full-service Restoration Contractor

☐ "Mitigation" Only Contractor

☐ "Repair" Only Contractor

Authorization for Credit Card Use

All information will remain confidential

Name on Card: _____

Billing Address: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ Card ID#: _____ (3 digits located on the back)

Amount to Charge: \$ _____ (USD) [] Keep on File for future purchases. I authorize Claims Delegates to pay invoices due using this payment method. \$500 deposit is required for ALL NEW clients.

I authorize Claims Delegation LLC to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. **I have read and agree to the Terms and Conditions which can be found at <http://www.claimsdelegates.com/TERMS> - Initials: _____**

Signature: _____ Date: _____

Print Name: _____



PROJECT INTAKE FORM



Instructions

A “Project Intake” sheet is to be filled out for every project you wish Claims Delegates to estimate. Any special instructions must be clearly defined in the “Notes” section.

Upon receipt of the Intake sheet, a shared [Google Drive](#) or [Dropbox](#) folder will be created and the project will be entered into the system.

All files, including Scope Sheets, Pictures and the Mitigation Package are to be scanned and put into the shared drive. If you already use a shared drive system, you will need to send Claims Delegates a link or give the proper permissions to Andy@ClaimsDelegates.com.

It is the responsibility of the client (you) to notify Claims Delegates (me) via email that all items and paperwork have been saved into the shared drive. Once notification is received, we'll get to work*.

If there is any information or explanations needed, the project will be put into “Information Needed” status and no further estimating will be done until we have a phone conversation or the required information is provided.

You will be notified when the estimate is ready for your review. There will be both a PDF copy and an ESX (Xactimate export) in a folder named “Estimates.” Any revisions will be made at the agreed hourly rate unless there are mistakes made by Claims Delegates.

*For the first project, you will be invoiced for the minimum charge (\$199) before work is performed. This payment must be processed before Claims Delegates will begin estimating.

Job Name: _____

PROJECT INTAKE FORM [PI]



Date: _____

Contractor/Client [BILLING]

Estimate Type ☐Mitigation (MIT) ☐Repairs (STR) ☐Roof Only (RFG) ☐_____

Company Name: _____ PM/Estimator: _____

Phone: _____ Cell: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Site: ☐Residential ☐Commercial

Customer/Insured Name: _____

Cust.Phone: _____ Cust.Phone2: _____

Email: _____ Other: _____

Company _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance:

Cause of Loss- **WATER** **FIRE** **MOLD** **SEWER** **TREE** **HAIL** **OTHER**

Claim #: _____ Deductible:\$ _____ DOL: _____

Carrier: _____ Adjuster: _____

Adj. Phone: _____ Adj.Phone2: _____

Adj. Email: _____ Adj.Fax: _____

Describe the project as best you can (overview)

By signing below, I understand that I am requesting an estimate be generated on my behalf by Claims Delegates. I understand that an upfront fee of \$199 may be required before any estimate is created. I also agree to the Terms and Conditions as described at: <http://www.claimsdelegates.com/TERMS>

_____ Print Name _____ Title

_____ Signature _____ Date

Email to: Info@ClaimsDelegates.com
Fax to: 541.833.6420



SERVICE AGREEMENT

This **SERVICE AGREEMENT** is effective when signed below (the "Effective Date"), by and between Claims Delegation LLC, an Oregon Limited Liability Company (the "CD"), and

_____ (the "Customer").

This Agreement sets forth conditions for ALL FUTURE PROJECTS until & unless another Agreement is signed.

- A. **CD is in the business of writing estimates and managing property loss insurance claims.**
- B. **The Customer desires to retain CD to perform estimating and/or management services.**
- C. **CD and the Customer mutually desire to set forth the terms and conditions applicable to the provision of those services.**

Statement of Work

SECTION 1. SERVICES

Customer engages CD to provide certain consulting services (the "Services") as indicated below:

- Prepare repair & mitigation scopes using Xactimate software, with "ESX" and PDF deliverables.
- Prepare supplemental invoices for submittal to insurance carrier.
- Negotiate directly with carrier representatives on behalf of Customer regarding prepared Xactimate scopes and policy coverages.
- Provide ongoing consulting on a per-call basis as needed.
- Coordinate onsite inspections and consulting services with third-party vendors.
- Develop a PRE-Appraisal package
- : _____

SECTION 2. SERVICE FEES & COSTS

Standard Business Hours: One-hundred fifty-five (**\$155**) per hour billable in fifteen minute increments. After-hours (pre-arranged) and Emergencies: One-hundred seventy-five dollars (**\$185**) per hour billable in fifteen-minute increments.

Costs incurred as part of consulting services will be charged with a 10% markup.

A non-refundable retainer of \$ _____ will be required before this agreement is finalized.

ADDITIONAL TERMS & CONDITIONS

- CD may communicate to Customer clients as an agent of Customer; "Xactimate Estimator" or "Claim Consultant".
- Invoices will be DUE UPON RECEIPT.
- A credit card must be on file for Services to be performed. Invoices will be issued at time of estimate delivery. After three days, unpaid balances will be paid via the credit card on file.
- **I have read and agree to the Terms and Conditions which can be found at <http://www.claimsdelegates.com/TERMS> - Initials: _____**

Claims Delegates WILL NOT hire contractors or vendors to perform construction or mitigation services.

PROJECT DESCRIPTION:





541.833.6420 Fax
61290 Huckleberry Place
Bend, OR 97702
OR LIC#: 6228736

Additional Terms from Customer:

(DATE)-(BY WHOM)

CLAIMS DELEGATION LLC:

Andrew McCabe, President
61290 Huckleberry Place, Bend, OR 97702

Signed: _____ Date: _____

CUSTOMER:

Address: _____

Printed Name: _____

Signed: _____ Date: _____



CLIENT INTAKE FORM

Company Name: _____

Mailing Address: _____

City, ST, ZIP: _____

Phone/Fax: _____ Website: _____

Contact Name: _____ Phone: _____

Email: _____

Authorization for Credit Card Use

All information will remain confidential

Name on Card: _____

Billing Address: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ Card ID#: _____ (3 digits located on the back)

Amount to Charge: \$ _____ (USD) [] Keep on File for future purchases. I authorize
Claims Delegates to pay invoices due using this payment method.

I authorize Claims Delegation LLC to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in
accordance with the issuing bank cardholder agreement. **I have read and agree to the Terms and Conditions which can be found at**

<http://www.claimsdelegates.com/TERMS> - Initials: _____

Signature: _____ Date: _____

Print Name: _____





20 STEP MITIGATION PACKAGE

WWW.WATERDAMAGEPROFIT.COM

Job Name: _____

Date: _____ Time: _____

Technician: _____ Phone: _____

MITIGATION CHECKLIST

BEGIN

Initial

WHY are you here? WHAT do you intend to do? Give them your business card.

1. Photos: RISK and SOURCE 

2. Fill out Job Information [JI].

3. Contract/Work Authorization/A.T.R.



TIP: Take the time to tell the client what is going to happen

MITIGATION

MITIGATE THE LOSS - Stop Further Damage

4. Risk assessment – what hazards exist? Fill out Daily Report.

Water Category: ☐1 [clear] ☐2 [grey] ☐3 [black/sewer]

5. Start Room Notes (Name and Dimensions Only)

Determine extent of water intrusion.

6. Photos of each room: affected areas, contents and pre-existing damage.



7. Stop Leak, Extract, Protect, Content Manipulation



TIP: Several photos per room.

Daily Report [DR]

Room Notes [RN]

Room Photos

Mitigation

Do NOT proceed until you've stopped the leak!

PREPARATION

PREPARE DRYING SYSTEM

Initial

8. Atmospheric Readings

9. Start Moisture Map / Diagram + Crawl Space Inspection

10. Develop Drying Strategy + Perform Calculations



11. Check with owner ~ Questions? Concerns?

TIP: Discuss with crew THEN explain to owner- "This is how we are going to dry YOUR building."

Record of Drying Conditions [RDC]

Floor Plan [FP]

Drying Strategy [DC]

Check IN

DEMOLITION

DEMOLITION

Initial

12. Protection: cover and photo document all masking/cover.



Protection Pics

13. Demo: follow drying strategy [DC]. Remove "bound" water.



Demo Pics

14. Clean up: dust free before air movers are placed



TIP TO GET PAID: Take photos of protection and demolition

Cleanup

15. Document: what was happened in each room.

Room Notes [RN]

DRYING

SET UP DRYING SYSTEM

Initial

16. SET EQUIPMENT [DC]



TIP: Wait ten minutes AFTER equipment is running. Confirm electrical circuits are operational



Equipment Pics

17. Document specialty materials/equipment used.

Room Notes [RN]

18. Final Moisture Points: Exposed Framing [FP] Dehu Reading [RDC]

Floor Plan [FP]
RecordOfDrying [RDC]

19. Lead Tech: review all paperwork ON SITE

Document Review [DR]

20. Follow-up appointment set for: _____

End time: _____

Job Name: _____

Date: _____ Time: _____

Technician: _____ Phone: _____

JOB INFORMATION [JI]

CLIENT [BILLING] ☐ Own ☐ Rent

Owner Name: _____ Phone: _____ Cell: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mortgage Company: _____

JOB SITE ☐ Residential ☐ Commercial

On Site Contact Name: _____ ☐ Tenant

Phone: _____ Email: _____ Other: _____

Company: _____ Phone2: _____

Address: _____ City: _____ State: _____ Zip: _____

INSURANCE ☐ Water ☐ Fire ☐ Mold ☐ Sewer ☐ Tree ☐ Other _____

Claim #: _____ Deductible: \$ _____ XM8 Version: _____ DOL: _____

Carrier: _____ Adjuster: _____

Phone: _____ Cell: _____ FAX: _____

Email: _____ Other: _____

Job Name: _____

Date: _____ Time: _____

Technician: _____ Phone: _____

DAILY REPORT [DR]

Hazards: ☐CAT3 ☐BioHazard ☐Slip/Fall ☐Young/Old Occupants ☐PPE used_____ ☐_____

Drying Considerations: ☐ Multiple floor layers ☐ Large drying chamber ☐ Limited Power ☐ _____

Date Initials ☐ After Hours Initial Response

Job Name: _____

Date: _____ Time: _____

Technician: _____ Phone: _____

ROOM NOTES [RN]

ROOM:		
X	X	=
L x W x H = FT3		
Extraction: F 1/2 1/3 1/4 1/8		
<input type="checkbox"/> Hard Surface	<input type="checkbox"/> Carpet	<input type="checkbox"/> Anti-Microbial
<input type="checkbox"/> Heavy	<input type="checkbox"/> Weight	<input type="checkbox"/>
Contents Moved: .25 .5 .75 1 HRS		
Cover / Protect: F W C SF		
<input type="checkbox"/> Mask	<input type="checkbox"/> Containment	<input type="checkbox"/> Zipper
Trim/Finish (LF): Base CWN		
<input type="checkbox"/> Tack	<input type="checkbox"/> Casings	<input type="checkbox"/>
Drywall: SF		
Flood Cuts: 4" 2' 4' LF: PF 3/4 1/2 1/4		
Insulation: <input type="checkbox"/> Use DRY# SF		
Floor Demo: F 1/2 1/3 1/4 1/8		
<input type="checkbox"/> Vinyl	<input type="checkbox"/> UL	<input type="checkbox"/> LAM
<input type="checkbox"/> Carpet	<input type="checkbox"/> Pad	<input type="checkbox"/> Float
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GD
Cabinets (LF): Counters + Type		
<input type="checkbox"/> Uppers	<input type="checkbox"/> Lower	<input type="checkbox"/> FH
<input type="checkbox"/> Toe Kick	<input type="checkbox"/> Backsplash	<input type="checkbox"/> Drill#
Doors Detached: #Slabs Bifold		
Appliances/Fixtures:		
<input type="checkbox"/> DW	<input type="checkbox"/> RF	<input type="checkbox"/> RGE
<input type="checkbox"/> WM	<input type="checkbox"/> DRY	<input type="checkbox"/> TLT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT		
TYPE - SIZE - UNIT #	SET DATE	PICKUP DATE

ROOM:		
X	X	=
L x W x H = FT3		
Extraction: F 1/2 1/3 1/4 1/8		
<input type="checkbox"/> Hard Surface	<input type="checkbox"/> Carpet	<input type="checkbox"/> Anti-Microbial
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GD
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT		
TYPE - SIZE - UNIT #	SET DATE	PICKUP DATE

SHORT CODES - W: ft² of Walls F: ft² of Floor C: ft² of Ceiling PF/PC: Perimeter of Floor/Ceiling LF: Linear Feet
EQUIPMENT TYPES - DH:LGR (L, XL, XXL) AM: Air Mover AX: Axial NA: Negative Air DES: Dessicant WD/FD: Wall/Floor Drying Unit

Job Name: _____

Date: _____ Time: _____

Technician: _____ Phone: _____

ROOM NOTES [RN]

ROOM:		
X	X	=
L x W x H = FT3		
Extraction: F 1/2 1/3 1/4 1/8		
<input type="checkbox"/> Hard Surface	<input type="checkbox"/> Carpet	<input type="checkbox"/> Anti-Microbial
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Insulation: <input type="checkbox"/> Use DRY# SF		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TYPE - SIZE - UNIT#	SET DATE	PICKUP DATE

ROOM:		
X	X	=
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Extraction: F 1/2 1/3 1/4 1/8		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT		
TYPE - SIZE - UNIT#	SET DATE	PICKUP DATE

SHORT CODES - W: ft² of Walls F: ft² of Floor C: ft² of Ceiling PF/PC: Perimeter of Floor/Ceiling LF: Linear Feet
EQUIPMENT TYPES - DH:LGR (L, XL, XXL) AM: Air Mover AX: Axial NA: Negative Air DES: Dessicant WD/FD: Wall/Floor Drying Unit

Job Name: _____
 Date: _____ Time: _____
 Technician: _____

FLOOR PLAN AND MOISTURE MAP [FP]



MOISTURE POINTS (MP)

Date:								

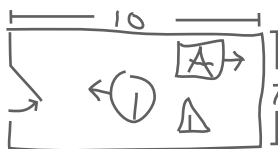
MP	Material Type	Dry Standard



Use Multiple sheets as needed

MOISTURE POINTS


- Floor: ①➡
- Wall: ①➡
- Ceiling: ①➡



Technican: _____

HYGROMETRICS

[illegible]

 **TIP:** You need a minimum of THREE readings

***Only** record GPP if your meter calculates it.

[illegible]

Job Name: _____
Date: _____ Time: _____
Technician: _____

DEHUMIDIFIER
CALCULATOR [DC]

Rooms [RN]	Cubic feet
Total Cubic Feet	



Find the cubic feet numbers from the Room Notes Sheet [RN]

Dehumidifier Type	PPD/CFM	x	# of units	=	Total
1200	65	x		=	
Evolution	70	x		=	
Revolution	80	x		=	
R 175	92	x		=	
7000i	130	x		=	
200 HT	135	x		=	
		x		=	

ACTUAL PINTS	
TOTAL CFM	

ACTUAL TOTAL should **EXCEED** the MINIMUM

Total Cubic Feet		LGR CLASS FACTOR		Pints Needed
	÷		=	

Total Cubic Feet		DESSICANT CLASS FACTOR		CFM Needed
	x		÷ 60	


	MINIMUM PINTS/CFM NEEDED
--	---------------------------------

Drying Strategy

Supplemental Heat Needed: ☐Yes ☐No
Type of System: ☐Open ☐Closed ☐Hybrid
Primary Equipment Used ☐LGR ☐Dessicant
Specialty drying situation [bound water]

Loss Class as a % of wet materials		LGR	DESS
1	Least Amount of Wet Porous Materials <5%	100	1
2	Significant amount of wet porous materials up to 40%	50	2
3	GREATEST amount of wet porous materials >40%	40	3
4*	Specialty drying situations [bound water]	50	2

*consult with project manager



SCOPE NOTES

WWW.WATERDAMAGEPROFIT.COM

Job Name: _____
Date: _____ Time: _____
Estimator: _____ Phone: _____

Scope Notes [SN]

ROOM:

LENGTH

WIDTH

HEIGHT

Sub Trades and Equipment

Framing & Structure

FLOOR

WALLS

CEILING

SHORT CODES - **W:** Sq.Ft. of Walls **F:** Sq.Ft. of Floor **C:** Sq.Ft. of Ceiling **PF/C:** Perimeter of Floor/Ceiling **LF:** Linear Feet

Page _____ Entered



Job Name:

EXTERIOR SCOPE

Address:

Elevation

North

South

East

West

Front

Rear

Left

Right

SF

GUTTERS

LF

Aluminum

Galvanized

Plastic

Copper

Concealed

Painted

<=5"

6"

7"-8"

Leaf Guard

LF

SIDING TYPE

Vinyl

Metal

Hardboard

Wood

Shiplap

Cedar

Board & Batten

Stucco

T111

Other:

Description

Power Wash

Prep for Paint

Lead Test

Paint Exterior

Stain Exterior

PNT Fascia

LF

Wood

Metal

<6"

6"+

Doors

ea

Garage

Door

ea

Double

Single

Trim

LF

Wood

Windows

SM

Med

LG

XL

Window

Screens

<9sf

10-16sf

17-25sf

26-32sf

Window Bead / Glazing

LF

Fence

Deck &

Deck

SF

Power
Wash

Stain

Paint

AC
Comb

Hand Rail

LF

Stain

Paint

Fence

LF

Power
Wash

Stain

Paint

Type:

Job Name:**Address:****ROOFING SCOPE**

(Circle Items Which Apply)

FACE: North	South	East	West	Front	Rear	Left	Right	ALL
-------------	-------	------	------	-------	------	------	-------	-----

Roofing Type

Asphalt Shingles	3-Tab	Dimensional				Composite	FELT: 15lb 30lb		
	20yr	25yr	30yr	40yr	50yr				
	# of Layers: _____					Ice & Water Shield			

Metal	24g	26g	29g	Galvanized		Corrugated	Agricultural
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Other	Cedar Shake	Tile	TPO/Flat	2+ Stories
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Sheathing	1/2"	5/8"	3/4"	T&G	OSB	PLY	SKIP	Amount (SF or %)
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# of Pipe Jacks: _____	Turtle Vents: _____	Plastic	Metal
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Turbine: _____	Ridge (LF): _____	Bird Stops
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Furnace Vent:	3"	4"	5"	6"	8"
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Exhaust Caps (ea)	4"	6"-8"
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Rain Caps (ea)	4-5"	6"	8"
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Flashing

Chimney _____ LF	Step _____ LF	Wall _____ LF
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Valley Metal _____ LF	Counter _____ LF	Skylight _____ LF
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Pipe Flashing _____ LF	Copper	Lead	6"	8"
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Drip Edge _____ LF:	Copper	Painted	Color: _____
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Slope /12	4"	5"	6"	7"	8"	9"	10"	11"	12"	12+
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