Building Repair Estimate

				Date		
Insured	Claim or Policy No.			Page of		
Loss Address	Home Phone			Cause of Loss		
City	Bus. Ph.			Other Ins. Y N		
Bldg. R.C.V. Bldg. A.C.V.	Insurance amount					
Insurance required R.C.V. (%) A.C.V. (%)	Unit cost or material price only			Labor price only		
Description of Item	Unit	Unit Price	Total (Col A)	Hours	Rate	Total (Col B)
This is not an order to repair Totals						
The undersigned agrees to complete and guarantee repairs at a total of $	Total Column A					
Repairer						
Street						
City Phone						
By						
Adjuster Date of A/P						
Adj. license no. (if any)	Grand Total					
Service office name						

Note: This form does not replace the need for field notes, sketches and measurements