



Job #:	Name:	Dept: ELE ART TEX DFD	Type: PULL EVAL INV Partial ONSITE Commercial	Carrier:	Received:	
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Carrier/Adjuster Information		Referral <input type="checkbox"/>
Name: _____		
Contact Name: _____		
Phone #: _____		
Email: _____		
Claim #: _____		
DOL: _____		
Loss Type:	Smoke/Soot	Puff Back
	Water	Lightning
	Other: _____	

Insured Information	
Name: _____	
Address: _____	
City, state, Zip: _____	
Phone #: _____	
Mobile #: _____	
Email: _____	
Contact: _____	

Other Information		Referral <input type="checkbox"/>
Name: _____		
Contact Name: _____		
Phone #: _____		
Email Address: _____		

Contractor Information		Referral <input type="checkbox"/>
Name: _____		
Contact Name: _____		
Phone #: _____		
Email Address: _____		

Pickup Check List		Travel Time:	
Arrival Time: _____		Departure Time: _____	
Crew : _____	Work Auth Signed <input type="checkbox"/>	Pay Auth Signed <input type="checkbox"/>	
Quick Flip Items: _____			
Requested Documents: _____			

Information Needed

Displaced? How long?

Origin of loss

Extent of damage: Is there power

Items/locations impacted

Flights of stairs (asked for larger jobs/items)

Electronics

Kitchen Apps:

TVs:

PCs:

Gym/theater/office

Addtl Information: Built in speakers, exercise equipment, music equipment, Size and mounted for TVs.

ART

How many framed pieces?

How many 3D? Clocks?

Size of the largest pieces

Do they need us to mount them when we deliver?

Textiles

How many used bedrooms?

How many closets?

of members in the family

DFD

Pictures or walk thru needed to determine scope