

Call Report

Date Contacted:	03/31/2023	Project Type:	
Date of Loss:	04/07/2023	Point of Loss:	final
Date Started:		Category:	
Date Completed:		Class:	
Date Invoiced:		Assigned To:	
Date Paid:		Team Leader:	
	Project Location	Owner/Insured	
Contact Name:		Name:	
Address:		Billing Address:	
City:		City:	
State:	Florida	State:	Florida
Zip Code:		Zip Code:	
Building/Unit#:		Building/Unit#:	
Cross Streets:		Cell Phone:	
Apt Name:		Home Phone:	
Gate Code:		Work Phone:	
Contact Email:		Email:	
Contact Phone:		P.O. #:	
Site Phone:		Notes:	
	Insur	ance	
Company Name:		Agent Name:	
Company Phone:		Work Phone:	
Claim #:		Email:	
Policy #:		Adjuster Name:	
Deductible:		Work Phone:	
Claims Phone:		Email:	
Claims Email:		Notes:	
	HOA/Property	Management	
HOA Name:		Prop Mgmt Name:	
Contact Name:		Contact Name:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	



Estimate

Owner/Insured: Job Address: FL

Attic

 $(10 \times 10) + (10 \times) = 100.00$

SF Overall Floor: 100.00 SF Overall Walls: 0.00 SF Overall Ceiling: 100

LF Overall Floor Perimeter: 0.00

SF Overall Ceiling: 100.00 LF Ceiling Height: 0.00

SY Overall Floor: 11.11 SF Overall Walls & Ceiling: 100.00 CF Area: 0.00

Attic Item Descriptions

#	Description	Total Days	Qty or Unit	UOM	Unit Price	Tax (7.00%)	O&P (20.00%)	Total
1 desc		10	2	CI	100.00	\$0.00	\$0.00	\$2,000.00
2 Contain Decona	ment Barrier / Airlock / mination Chamber	0	0	SF	1.39	\$0.00	\$0.00	\$0.00

Notes:

Attic Totals	\$2,000.00
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Estimate

Owner/Insured: Job Address: FL

Miscellaneous Items Descriptions

#	Description	Total Days	Qty or Unit	UOM	Unit Tax O&P Price (7.00%) (20.00%)	Total
3 kiljd		0	0	#	10.00 \$0.00 \$0.00	\$0.00

Miscellaneous Totals \$0.00

Notes:

Sub-Total \$2,000.00

Deductible \$0.00

Total \$2,000.00



Estimate Summary

Owner/Insured: Job Address: FL

Dimension Totals

SF Overall Floor: 100.00 SF Overall Walls: 0.00 LF Overall Floor Perimeter: 0.00

SF Affected Floor: 0.00 SF Overall Ceiling: 100.00 SY Overall Floor: 11.11

SF Overall Walls & Ceiling: 100.00 CF Area: 0.00

Item Descriptions Totals

# Description	Total Days	Qty or Unit	иом	Unit Price	Tax (7.00%)	O&P (20.00%)	Total
1 Containment Barrier / Airlock / Deconamination Chamber	0	0	SF	1.39	\$0.00	\$0.00	\$0.00
2 desc	20	2	CI	100.00	\$0.00	\$0.00	\$2,000.00
3 kiljd	0	0	#	10.00	\$0.00	\$0.00	\$0.00
Sub-Total							\$2,000.00
Deductible							\$0.00
Total							\$2,000.00

Area Totals

Area	Percentage	Tax Total	O&P Total	Price
Attic	100.00%	\$0.00	\$0.00	\$2,000.00
Miscellaneous	0.00%	\$0.00	\$0.00	\$0.00
Total	100%	\$0.00	\$0.00	\$2,000.00



Psychrometric Report

Owner/Insured: Job Address: FL

Attic																			
Outside Unaffected				Affected			Dehumidifier 1			Hvac									
TEMP	RH%	GPP	DEW	TEMP	RH%	GPP	DEW	TEMP	RH%	GPP	DEW	TEMP	RH%	GPP	DEW	TEMP	RH%	GPP	DEW