

General Contractor Estimate

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Complete Property Restoration

Claim Information:

- Policy Number: _____
- Date of Loss: _____
- Insured Name: _____
- Property Address: _____

Scope of Work:

1. Demolition & Debris Removal
2. Structural Repairs
3. Electrical Work
4. Plumbing
5. HVAC
6. Insulation
7. Drywall & Painting
8. Flooring
9. Cabinetry & Trim
10. Final Cleanup

Estimated Cost: \$_____

Timeline: _____ weeks

Contractor License: _____