

Needs Analysis Checklist

•	ls this	purchase an insurance claim?
	0	Yes
		■ Insurance Carrier Name:
		■ Date of Loss:
	0	No
		■ Financing, or partial financing desired?
		• Yes
		 No
•	Insurar	nce Claim - Is the roof recommended for full replacement?
	0	Yes
	0	No
•	Reasor	n for full replacement?
	0	Wind
	0	Hail
	0	Other:
•	Is the h	nome a;
	0	Single Story
	0	Two Story
	0	Other:
•	Is the r	oof Shingled?
	0	Yes
	0	No
	0	Other:
•	Insurar	nce Claim - Has the adjuster inspected the property?
	0	Yes
	0	No
•	Has the	e carrier's estimate been received by the homeowner?
	0	Yes
	0	No
•	Was th	ne replacement of the roof recommended in the estimate?
	0	Yes
	0	No
•	Was th	ne replacement of gutters / downspouts recommended in the estimate?
	0	Yes
	0	No
	Is there	e any other work that the homeowner believes is required or desired to be done in conjunction
	with the	e roof replacement? le, rotten wood fascia, skylight installation, chimney flashing or siding
		tc? Explain: