



YOUR SALES REPRESENTATIVE IS:
Chris Danielson - 1099 Roofing Consultant - 1053



855.855.8742

855-855-8742 EXT.

DATE: 06/14/2023 OWNER(S): Edward Ball -CD
 ADDRESS: 3221 South 124th Road
 CITY: Flemington STATE: MO ZIP: 65650
 CELL PHONE: (515) 480-3547 OTHER PHONE: _____ EMAIL: bkball.barbara@gmail.com
 INSURANCE CO: State Farm DATE OF LOSS: 04/15/2023 CLAIM #: 2548K082Q

ROOF SPECIFICATIONS:

GUTTER SPECIFICATIONS:

- Complete removal of existing roof, Type: Shingle/Metal
- New Shingle Type: Malarky Highlander Initials _____
- New Shingle Color: Heather Initials _____
- Underlayment: Synthetic _____ 15lb _____ 30lb
- Inspect all sheathing for nail-able surface for warranty:
\$70.00 per sheet as needed, Initials _____
- New Valley Type: _____ Open Closed Ice/Water Shield
- Drip Edge Procedure: Install on Rake Install on Eaves
- Drip Edge :White: _____ Bronze: _____ Black: _____ Other: Pebblestone Clay Initials _____
- New Ridge Type Standard _____ High Profile
- Vent Type: Box _____ Ridge Vent _____ Turbines
- Replacing HVAC Cap & Collar: No _____ Yes
- Changes made to Existing Roof Ventilation: No _____ Ye

- Complete removal of gutters:
_____ Front _____ Back _____ Right _____ Left All
- New Gutter Color: Sierra Clay Initials _____
- Inspect all fascia boards as needed (\$15 per LF) Initials _____
- Install new prefinished seamless gutters: 5" _____ 6"
- R & R Downspouts: Front Back Right Left
- Install new prefinished downspouts: _____ 2"x3" 3"x4"
Color: Sierra Clay Initials _____
- Gutter Protection: _____
- Seal around all end caps, miters and outlets

MISCELLANEOUS SPECIFICATIONS:

ADDITIONAL INFORMATION (SIDING, WINDOWS, OTHER:

- Delivery Instructions: Left _____ Right
Other: _____
- Where is electricity available? Front & Back
- Clean and haul away all job-related debris
- Roll magnet through yard
- Eave Measurement: 102'

2 Metal Roof Replacements - Brown
Right Elevation Siding Replacement SI-3
Gutter Replacement - Sierra Clay
Satellite in USE

INSURANCE ALLOWANCE AGREEMENT: I/We agree to retain Apple Roofing to replace or repair the above mentioned trades on the property aforementioned. This agreement is completely contingent upon obtaining my insurance company's approval and payment to have said work done. It is understood and agreed that Apple is empowered to contact my insurance carrier, and meet with their representative to discuss payment (as to the amount of damage to the above property) and to discuss the replacement work. Upon the insurance company's and Apple Roofing agreed dollar amount for repairs, including any & all supplemented amounts, or overhead & profit as allowed by insurance company.

CONTRACT IS VOID IF INSURANCE COMPANY DENIES FULL REPLACEMENT. HOMEOWNER'S OUT OF POCKET EXPENSE WILL NOT EXCEED THEIR INSURANCE POLICY DEDUCTIBLE. ALL INVOICES OVER 30 DAYS ARE SUBJECT TO PAST DUE CHARGES AND INTEREST.

Homeowner Signature: _____ DATE: _____

WARRANTY DURATION: **7 YEAR WORKMANSHIP** _____ **1 YEAR REPAIR ONLY**

TRADES:

TRADES NOT COMPLETED PER SCOPE DATED: 4-28-23

Roof: \$ <u>RCV</u>	Gutters: \$ <u>RCV</u>	ACV LINE ITEMS NOT DOING: <u>12,13</u>	\$ <u>2427.24</u>
Siding: \$ <u>RCV</u>	Misc: \$ <u>RCV</u>	<u>21,23,41</u>	\$ <u>5373.00</u>
Upgrades: \$ <u>2401.46</u>	Windows: \$ _____		
Ins. Deductible: \$ <u>3707.00</u>	O+P: \$ _____		TOTAL \$ <u>7800.24</u>

TERMS ON PAGE TWO HAVE BEEN REVIEWED: _____

HOMEOWNER'S EXPECTED EXPENSE: \$ 0.00

Homeowner Expected Retain: \$ 1691.78

Homeowner Signature: _____ DATE: _____

Employee Signature: Chris Danielson - 1099 Roofing Consultant Date: 06/14/2023