

AMERISTAR ROOFING AND RESTORATION, L.L.C.

"Reputation By Recommendation"

1006 FM 359 • Richmond, TX 77406

281-238-4230



Name <u>Rob Bounds</u>	Date: <u>1-2-20</u>
Project Address <u>5903 GROVESBOR ST.</u>	Order #: <u>10765</u>
City, State, Zip <u>PEARLAND 77584</u>	Material Location: _____
Billing Address _____	For office use: E-mail: _____
City, State, Zip _____	
Phone #'s <u>832-878-3031</u>	

New Roof Re-Roof Repair

Tear Off Existing Roof - Type Comp # of Layers 1

Re-Deck

Plywood Type 2 SHEETS OSB

Underlayment Type SYNTHETIC

Valley System WINTER GUARD

Roofing Nails - Size 1 1/4

Ridge Cap Type STANDARD

Reflash Skylight(s) # _____ Size(s) _____

Reflash Chimney - Type _____

Ventilation System RIDGE VENT

Reflash Pipe Jack # ALL Painted MATCH

Reseal HVA Vent

Thorough Job Site Cleanup

Magnetic Yard Sweep

Shingle Brand/Type LANDMARK CERTAINTIATED

Shingle Color WEATHERED WOOD

Manufacturer Warranty LIFETIME

Labor Warranty 5 YRS

Additional _____

✓ # 6560 Proposal Amount \$ 17,080.90

Down Payment \$ 5,900

Completion Amount \$ 11,180.90

ADDITIONAL NOTES

30 yr

130 mph

6 nails per shingle

All supplements received by Insurance Companies will be awarded to Ameristar Roofing, LLC.

Representative Name/Signature
Dion Rivers

Phone # 832-688-3491

Insurance Proceeds Option

If you file an insurance claim and select this option, You and Ameristar Roofing agree that Ameristar Roofing will perform the repair or replacement to your roof that the carrier authorizes, according to the insurance company's authorized specifications, for a price equal to the total replacement cost value that the insurance company determines (before any deduction for your deductible, which you must pay). You understand that Ameristar Roofing will only be required to perform the work and furnish the materials authorized by the insurance carrier if you select this option. If you select this option, and the insurance company denies your claim, this Contract will terminate and Neither You nor Ameristar Roofing will have any further obligations to each other.

Accepted: Homeowner Rob B Homeowner _____ Date 1/2/20

UPON ACCEPTANCE BY YOU, THIS PROPOSAL WILL BECOME A LEGALLY BINDING "CONTRACT" INCLUDING ALL THE PROVISIONS ON THE REVERSE SIDE.

Contract Agreement Acceptance

All terms and conditions of above contract have been agreed upon by Rob Bounds and Ameristar Roofing:
Any changes made to this contract have to be made in writing.

Homeowner Rob B Date 1/2/20 Ameristar Roofing Representative _____ Date _____