

Fort Worth/Dallas  
817-676-7375



Toll Free 877-997-4464

Austin  
512-410-7787  
Houston  
281-661-1258



Proposal Respectfully Submitted To:

Work To Be Performed At:

Name Susan Carpenter  
 Address 20518 Cypresswood Meadow Dr  
 City, St. Spring TX  
 Telephone (s) 714 875 4989  
 Email 832 764 0624 Hsmo

Date 3-22-16  
 Address \_\_\_\_\_  
 City, St. \_\_\_\_\_  
 Material Location \_\_\_\_\_

Scope Of Work:

Claim#

Job#

<input checked="" type="checkbox"/> Re-Roof	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Ridge Vent <u>36 ft</u>
<input checked="" type="checkbox"/> Tear Off Existing Roof	Type <u>Comp</u> Layers <u>1</u>	Air Hawks _____ Wind Turbines _____ Static Vent _____
<input checked="" type="checkbox"/> Replace rotten/damaged decking as necessary	CDX _____ OSB <u>15#</u> Coolply <u>30#</u>	Remove _____ Replace _____ Keep _____
<input checked="" type="checkbox"/> Felt Paper	36" Ice/Water Shield _____ Valley(s) _____ Chimney(s) _____	<input checked="" type="checkbox"/> Lead Jack <u>1 1/2" 11#</u> <u>2"</u> <u>3"</u> <u>4"</u>
<input checked="" type="checkbox"/> Metal Drip Edge _____ LF	<input type="checkbox"/> Starter Strip Edge _____ LF	<input checked="" type="checkbox"/> Paint All Vents to Match Shingle Color
<input checked="" type="checkbox"/> ReFlash Chimney(s) _____ and other walls as needed _____ Wood _____ Brick	<input type="checkbox"/> Reflash Skylight(s)	<input checked="" type="checkbox"/> Remove All Trash from Gutters/Job Site
<input checked="" type="checkbox"/> Amount of squares <u>49</u> removed <u>50</u> replaced		<input checked="" type="checkbox"/> Magnetic Nail Sweep Yard and Driveway
		<input checked="" type="checkbox"/> Pool Cover
		<input checked="" type="checkbox"/> Place Select Roofing sign in yard
		<input checked="" type="checkbox"/> <u>5</u> Year Warranty
		<input checked="" type="checkbox"/> Ridge Type <u>334</u> LF _____

Shingles:

Manufacturer: Owens Corning **3 Tab** Architectural: \_\_\_\_\_  
 Shingle Color: Driftwood 20 Yr. \_\_\_\_\_ 25 Yr. \_\_\_\_\_ **30 Yr.** 40 Yr. \_\_\_\_\_  
 Other \_\_\_\_\_ 50 Yr. \_\_\_\_\_ Lifetime \_\_\_\_\_

Seamless Gutters 3 LF \_\_\_\_\_ Color \_\_\_\_\_  Window \_\_\_\_\_ Screens \_\_\_\_\_ Beading \_\_\_\_\_ Glass \_\_\_\_\_

Supplement: The paperwork you receive from your insurance company usually represents only an estimate of your roof repairs – it is likely not a final settlement. It may be necessary to file a supplemental claim with your insurance company to cover additional costs, and your insurance company may issue additional or "supplemental" money to you to cover these costs.

1. Items present, but not included on the original scope of work
2. Incorrect measurement/estimate of roofing and other construction materials
3. Unforeseen market pricing increase caused by rising labor and material costs
4. You agree to provide to Select Roofing with all contact information and hereby grant permission to contact all third parties including insurance companies directly for any matter related to the contract and the work to be performed

I fully understand and acknowledge the need for this process and agree to release any supplemental money granted in full to Select Roofing.

Accepted: Homeowner: \_\_\_\_\_ Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Details:

\* Pool Cover TOTAL PROPOSAL PRICE: \$ 16,857.<sup>99</sup>  
Remove Skylight DUE UPON ACCEPTANCE \$ 2860  
 DUE UPON COMPLETION \$ 13,997.<sup>99</sup>  
Price quoted reflects 4% cash/check payment discount

IMPORTANT NOTICE: You and your contractor are responsible for meeting the terms and conditions of this contract. If you sign this contract and you fail to meet the terms and conditions of this contract, you may lose your legal ownership rights in your home. KNOW YOUR RIGHTS AND DUTIES UNDER THE LAW.

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM (ADDENDUM 1) FOR AN EXPLANATION OF THIS RIGHT

Respectfully Submitted By: [Signature] [Signature] 2816575773  
 Select Roofing Sales Rep. (signature) Select Roofing Sales Rep. (print) Sales Rep Cell#

Both homeowners, if applicable, must sign this Contract  
[Signature] 3-22-16 Susan Carpenter  
 Homeowner Signature Date Homeowner (Print Name)

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_ Homeowner (Print Name) \_\_\_\_\_