



Claim # 2014575



Andy Nichols Roofing

Serving Greater Houston, Central & South Texas and Surrounding Areas
1617 Monarch Oaks St Houston, TX 77055
832-582-4663 Houston 855-376-6348 All Areas Toll Free / Fax Toll Free 855-376-6348

Estimator/Project Manager:

Project Manager Mobile Phone#:

Name: <u>Warren Daley</u>	Home phone: Cell: <u>901-240-2954</u>	Email:
Spouse/Other name:	Work:	Alt Email:
Billing address: <u>20303 Clydesdale Ridge</u> Street	Alternate contact info:	Job location if different from billing:
City, State & Zip <u>Humble TX 77338</u>		

Andy Nichols Roofing (ANR) proposes to furnish all the materials and labor described below for the sum of \$ 8737.02 or (Place X here) for insurance proceeds and any related insurance supplements. (if this is insurance claim work, see insurance allowance agreement below)
Payment(s) to be made as follows: \$ 0 Down. \$ 8737.02 Balance upon completion of work.
Other payment arrangement(s)/financing (subject to credit and management approval)

Roof Area: 280 Shingle Brand/Color Atlas Hemitstone

Manufacturer's Warranty _____ year(s) workmanship & no leak warranty

<input checked="" type="checkbox"/> Tear off present roof #layers _____ Type material _____	<input type="checkbox"/> Protect plants and shrubs
<input checked="" type="checkbox"/> Install new shingles	<input checked="" type="checkbox"/> Run magnetic sweeper over yard
<input checked="" type="checkbox"/> Replace Felt/Other Underlayment	<input checked="" type="checkbox"/> Haul off all job related debris
<input type="checkbox"/> Starter Shingles	<input type="checkbox"/> Insulation
<input type="checkbox"/> Hip & Ridge Cap	<input type="checkbox"/> Skylights
<input checked="" type="checkbox"/> Valleys	<input type="checkbox"/> AC comb
<input type="checkbox"/> Decking	<input type="checkbox"/> Gutters
<input checked="" type="checkbox"/> Replace jacks	<input type="checkbox"/> Windows/Screens
<input type="checkbox"/> Flashings	<input type="checkbox"/> Vinyl window glazing bead
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Siding
<input checked="" type="checkbox"/> Drip Edge, Color	<input type="checkbox"/> Trim
<input checked="" type="checkbox"/> Roof Nails	<input type="checkbox"/> Paint
<input type="checkbox"/> Chimney	<input type="checkbox"/> Drywall Patch/repair
<input type="checkbox"/> Paint all accessories	<input type="checkbox"/> Soffit/Fascia Repair
<input type="checkbox"/> Other	<input type="checkbox"/> Satellite Dish (s)
<input type="checkbox"/> Trim Tree (s)	<input type="checkbox"/> Swimming Pool
Hauling Tree debris not included unless specifically agreed	Trash receptacle for roofing materials only

Roofing Price \$ _____ Other/additional work amounts/prices (if any): _____ Other _____

Notes: Replace roof as per insurance scope and estimate

CUSTOMER INITIAL HERE IF SUBJECT TO INSURANCE ALLOWANCE AGREEMENT. (see below)

If initialed above by customer, the following additional provisions apply:

- a. This agreement is not valid until project pricing is agreed and approved by customer's insurer. By signing this agreement, customer authorizes company (Andy Nichols Roofing)/ (ANR) to discuss pricing and scope of work for the services described herein at a price acceptable to insurer, which is stated as "Agreed Amount with Insurer" below.
- b. Customer shall provide all necessary documents and information for submission of claims and payments from insurer and mortgagee(s). Company reserves the right to receive additional payments from insurer due to material or labor increases, storm environment, or if insurance claim measurements and/or information provided by customer or insurer are incorrect.
- c. Company's work will be completed at no cost to customer other than the insurance deductible, unless (1) Customer chooses upgrades or additional work requested by customer that is not approved by insurer; or (2) customer's insurance does not provide for full replacement cost coverage, in which event customer agrees to pay for the difference between full replacement cost and the actual cash value (ACV) of company's work as determined by insurer.
- d. All direct costs and overhead and profit, allowed by the insurer are included in the agreed amount with insurer and are due to company.
- e. Customer hereby assigns all amounts due from insurer for company's work to company. Customer appoints company as its power of attorney to negotiate, collect and receive all insurance payments related to company's work. Any supplements approved by insurer for additional work, upgrades, options or cost increases become part of this agreement and are to be paid to company.

<u> Allied Trust </u>	<u> 2014575 </u>	<u> TRANSCYND CP 888-251-2779 </u>
Insurance Company Name	Policy #	Claim #
\$ <u> 8737.02 </u>	\$ <u> 5,260.00 </u>	\$ <u> USA.ROBINSON@transcynd.com </u>
AGREED AMOUNT WITH INSURER	DEDUCTIBLE	ACTUAL CASH VALUE (as determined by insurer)

ACCEPTANCE OF PROPOSAL. The above prices, specifications, and conditions are satisfactory to me and are hereby accepted. If I am financing any part of this work through the bank ANR is using for outside financing, I agree to follow the terms of my agreement if any, made with ANR and/or the participating bank/financial institution, in order to assist ANR in getting paid for the work performed. I have three business days from the date of this contract to cancel under the federal and state cooling-off rules. By signing below I acknowledge that I understand and have received a copy of this contract.

Signed Responsible Party _____
Signed Responsible Party [Signature]
Andy Nichols Roofing Rep. _____

Date _____
Date _____
Date _____