

AMERISTAR ROOFING AND RESTORATION, L.L.C.

"Reputation By Recommendation"

TEXAS
281-238-4230
1006 FM 359
Richmond, TX 77406

LOUISIANA 985-942-2473
7884 Main St.
Houma, LA 70360
LIC. #10996040#3C593

MISSOURI / KANSAS
816-415-4230
709 NE 76th St.
Gladstone, MO 64118



CertainTeed

Name <u>Garrett Holmes</u>	Date: <u>10-21-21</u>
Project Address <u>1126 Dessert Willow Ln</u>	Order #: _____
City, State, Zip <u>Rosenberg, TX 77471</u>	Material Location: _____
Billing Address _____	For office use: E-mail: _____
City, State, Zip _____	
Phone #'s <u>832-920-0127</u>	

<input checked="" type="checkbox"/> New Roof	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Repair
<input checked="" type="checkbox"/> Tear Off Existing Roof - Type <u>Comp</u> # of Layers <u>1</u>		
<input type="checkbox"/> Re-Deck		
<input checked="" type="checkbox"/> Plywood Type <u>2 sheets OSB</u>		
<input checked="" type="checkbox"/> Underlayment Type <u>Synthetic (RhinoGuard)</u>		
<input checked="" type="checkbox"/> Valley System <u>Sealed w/ mastic/guard</u>		
<input checked="" type="checkbox"/> Roofing Nails - Size <u>1 1/2" nails per</u>		
<input checked="" type="checkbox"/> Ridge Cap Type <u>hand cut</u>		
<input type="checkbox"/> Reflash Skylight(s) # _____ Size(s) _____		
<input checked="" type="checkbox"/> Reflash Chimney - Type <u>wood</u>		
<input checked="" type="checkbox"/> Ventilation System <u>Ridge Vents / 750</u>		
<input checked="" type="checkbox"/> Reflash Pipe Jack # <u>All New</u> <input checked="" type="checkbox"/> Painted		
<input checked="" type="checkbox"/> Reseal HVA Vent		
<input checked="" type="checkbox"/> Thorough Job Site Cleanup		
<input checked="" type="checkbox"/> Magnetic Yard Sweep		
<input checked="" type="checkbox"/> Shingle Brand/Type <u>CertainTeed Landmark</u>		
<input checked="" type="checkbox"/> Shingle Color _____		
<input checked="" type="checkbox"/> Manufacturer Warranty <u>Limited Lifetime</u>		
<input checked="" type="checkbox"/> Labor Warranty <u>5yr</u>		
<input type="checkbox"/> Additional _____		
Proposal Amount \$ <u>10,360.66</u>		
Down Payment \$ <u>0</u>		
Completion Amount \$ _____		

ADDITIONAL NOTES

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

Representative Name/Signature
Lane Palmer

Phone # 361-225-9801

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 _____ Homeowner _____ Date _____

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 Garrett Holmes and Ameristar Roofing: Any changes made to this contract have to be made in writing.

Homeowner [Signature] Date _____ Ameristar Roofing Representative [Signature] Date 10-21-21

REV. 10-20