



REGIONS COMMERCIAL ROOFING, INC.
 1114 S Airport Cir Suite 130 Euless, Texas 76040
 Office@regionscr.com
 (817)888-0323

Build Date:
ASAP

Project Notes:
 Need to make sure
 permit is pulled
 Begin window beading
 and garage

NAME:	Sarah & Jesse Llamas
ADDRESS:	2705 Lake Ridge Rd
CITY, STATE, ZIP:	Little Elm, TX 75068
EMAIL:	llamas_jesse@yahoo.com
DATE:	3/16/2021
INSURANCE CARRIER:	State Farm
CLAIM NUMBER:	43170646T
PRIMARY PHONE:	972 904 1142

Proceeds Agreement

Client allows Regions Commercial Roofing, Inc to complete all prescribed repairs at prices determined by insurance carrier.

Client understands and allows Regions Commercial Roofing, Inc to further deal with insurance carrier if any inconveniences that were not visually developed arise.

Client understands all supplements paid by insurance carrier are owed to Regions Commercial Roofing, Inc regardless of the total contract amount agreed upon between client(s) and Regions Commercial Roofing, Inc.

Client understands that overhead and profit paid by insurance through supplement work belongs to Regions Commercial Roofing, Inc

Initials: **JH**

ROOFING MATERIALS

Brand: **IKO** Style: **20 yr / Cambridge**
 Color: **Charcoal Grey** Vent Color: **Black**
 Roof Pitch: **7/12** Tear Off: **YES**
 Stories: **2** Underlayment: **synthetic**
 Replace Pipe Jacks: **YES** Delivery Instructions: **big st**
 Drip Edge: **Remove** Color: **Match** Ridge vent: **Match**
 Detached/Reset Satellite: **Remove** Detached garage/shed: **Match**

PAYMENT SCHEDULE:

Deductible:	Date	(Check/Cash)	Amount
Or Deposit			
First Draft:			\$10,339.11
Final Draft:			\$2,793.62

SIDING, SOFFIT, AND FASCIA MATERIALS

TYPE: VINYL / ALUMINIUM / OTHER: _____
 BRAND: _____ STYLE: _____
 SIZE: _____ COLOR: _____
 SOFFIT: (SOLID / VENTILATED) COLOR: _____
 FASCIA: (SOLID / GRANULATED) COLOR: _____

GUTTERS/DOWNSPOUTS

Aluminum Seamless Gutters: **YES** / NO
 All Gutters: **YES** / NO
 SIZE: **5"** COLOR: **Match**
 All Downspouts: **YES** / NO
 SIZE: **5"** COLOR: **Match**

MISCELLANEOUS WORK

- Window ~~repairs~~ / beading
- Garage door

Clients understand the companies' warranty: Lifetime warranty on full replacement contracts and 1 year in repair work contracts. Initials: **JH**

PROCEEDS:

Insurance Claim Amount:	\$
Projected Supplements:	\$
Upgrade Costs:	\$
Other Work:	\$
TOTAL:	\$13,132.73

- Make all checks payable to Regions Commercial Roofing, Inc
- Payments shall be released upon immediately receiving of insurance checks or commencement of work.

APPROVAL:

By: _____ DATE _____
 Client Signature: _____ DATE **3/16/2021**
 By: _____ DATE **3/16/20**
 Client Signature: _____ DATE _____
 By: _____ DATE **3/16/20**
 Authorized Representative: _____ DATE _____

It is understood and agreed that this contract shall not become binding upon Regions Commercial Roofing, Inc until it is approved, accepted, and signed by an authorized officer of the company. The parties understand that no sales representative has the authority, express or implied to bind the company to this contract.