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

REGIONS
COMMERCIAL ROOFING

BBB ACCREDITED BUSINESS

NATIONAL ROOFING CONTRACTORS ASSOCIATION MEMBER

Roof Report:

Covering material: _Asphalt Shingles_
Roof age (years): _____
Remaining useful life (years) _____
Date of last update: _____
If updated (check one):
☐ Full replacement
☐ Partial replacement
  % of replacement: _____
Overall condition
☐ Satisfactory
☑ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?
(check all that apply and explain below)
☑ Cracking
☐ Cupping/curling
☐ Excessive granule loss
☑ Exposed asphalt
☐ Exposed felt.
☑ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☑ Visible hail damage
Any visible signs of leaks? ☐ Yes ☑ No
Attic/underside of decking ☐ Yes ☑ No
Interior ceilings ☐ Yes ☑ No

Siding/Gutter Report:

Covering material: _____
Siding age (years): _____
Remaining useful life (years) _____
Date of last update: _____
If updated (check one):
☐ Full replacement
☐ Partial replacement
  % of replacement: _____
Overall condition
☐ Satisfactory
☐ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?
(check all that apply and explain below)
☐ Cracking
☐ Exposed fanfold/wrap
☐ Missing/loose/cracked material
☐ Visible hail damage

Gutters:
Visible Damage: (Yes) or No
Front: (Yes) or No
Rear: (Yes) or No
Left: (Yes) or No
Right: (Yes) or No

Downspouts:
Visible Damage: Yes or No
Front: Yes or No
Rear: (Yes) or No
Left: (Yes) or No
Right: Yes or No

NAME OF THE INSURED: _Jesse Llamas_
ADDRESS: _2705 Lake Ridge Dr Little, TX 75069_
D.O.L.: _2/25/2021_ INSURANCE CARRIER: _State Farm_
POLICY#: X CLAIM#: X
ADJUSTER NAME: X DEDUCTIBLE: _____

CONTINGENCY AGREEMENT

Terms: I understand that Regions Commercial Roofing, Inc will invest its knowledge and time in assisting with this insurance claim. This agreement is contingent upon the insurance company paying for the necessary repairs and will void only if the insurance company disallows the claim. I agree to let Regions Commercial Roofing, Inc do the work for the full replacement cost. Regions Commercial Roofing, Inc will directly deal with my insurance company to agree on this claim's price. Out of pocket expense(s) that may incur, if applicable, are the insurance deductible and any needed repairs performed outside of the insurance scope made by owner direction. The undersigned owner may choose to cancel this transaction at any time before 3rd business day after the date of this transaction. I also understand that Regions Commercial Roofing, Inc is a general contractor entitled to applicable Overhead & Profit. All final amounts are due upon job completion. Any bills not paid within seven days will acquire interest at a 2% rate per month 23.4% per annum.

Insured Signature: X _____ Date: _____
Insured Signature: _____ Date: _____
Authorized Representative: _____ Date: _____