SUMMIT ROOFING REPAIR

Storm Damage · Leak Repair · Shingle & Flashing Specialists

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(816) 555-0177
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ROOF REPAIR ESTIMATE

Estimate #: RR-2024-_____
Date: _____
Valid For: 30 Days
Prepared By: _____

CLIENT & PROPERTY INFORMATION

CLIENT INFORMATION

Client Name: _____
Billing Address: _____
City, State, ZIP: _____
Phone: _____
Email: _____
Insurance Claim #: _____

PROPERTY & DAMAGE INFORMATION

Property Address: _____
City, State, ZIP: _____
Roof Age (approx.): _____
Roof Material: [ ] Asphalt Shingle [ ] Metal [ ] Tile [ ] Flat
Damage Cause: [ ] Wind [ ] Hail [ ] Age/Wear [ ] Other
Leak Location: _____

SCOPE OF WORK & PRICING

#	Description of Work	Qty	Unit	Unit Price	Total
1	Roof inspection and damage assessment	1	LS	$0.00	$0.00
2	Emergency tarp / temporary repair (if needed)	1	LS	$0.00	$0.00
3	Remove and replace damaged shingles (specify count/area)	___	SF	$0.00	$0.00
4	Shingle color/style matching	1	LS	$0.00	$0.00
5	Underlayment repair or replacement (affected area)	___	SF	$0.00	$0.00
6	Flashing repair/replacement — chimney	1	EA	$0.00	$0.00
7	Flashing repair/replacement — vent pipes	___	EA	$0.00	$0.00
8	Flashing repair/replacement — valley	___	LF	$0.00	$0.00
9	Decking repair/replacement (if rot/damage found)	___	SF	$0.00	$0.00
10	Ridge cap repair	___	LF	$0.00	$0.00
11	Gutter/downspout repair (storm-related)	___	LF	$0.00	$0.00
12	Interior water damage assessment referral	1	LS	$0.00	$0.00

#	Description of Work	Qty	Unit	Unit Price	Total
13	Attic ventilation inspection	1	LS	$0.00	$0.00
14	Sealant/caulking at penetrations	1	LS	$0.00	$0.00
15	Debris removal and disposal	1	LS	$0.00	$0.00
16	Photo documentation for insurance claim	1	LS	$0.00	$0.00
17	Permit acquisition (if required)	1	LS	$0.00	$0.00
18	Additional labor (hourly)	___	HR	$0.00	$0.00
19				$0.00	$0.00
20				$0.00	$0.00

MATERIALS SPECIFICATION

Material	Brand / Type	Match to Existing	Qty	Unit	Warranty
Shingles	_____	[ ] Yes [ ] Close [ ] No	____	SF	___ yr
Underlayment	_____	—	____	SF	—
Flashing	_____	_____	____	LF/EA	—
Decking (if replaced)	_____	—	____	SF	—

PAYMENT SCHEDULE

Payment Milestone	Amount	Due
Deposit (if materials ordered)	$0.00	_____
Upon completion	$0.00	_____

ESTIMATE SUMMARY

Subtotal — Materials	$0.00
Subtotal — Labor	$0.00
Subtotal — Other	$0.00
Tax (___%)	$0.00
Discount	- $0.00
TOTAL ESTIMATE	**$0.00**

REPAIR VS. REPLACEMENT ASSESSMENT & INSURANCE NOTES

Damage scope: [ ] Localized repair sufficient [ ] Repeated repairs suggest replacement warranted

Estimated remaining roof life: _____ years | Overall roof condition: [ ] Good [ ] Fair [ ] Poor

Insurance claim in progress: [ ] Yes — Adjuster: _____ [ ] No — homeowner-paid repair

Photo documentation provided for claim: [ ] Yes | Cause of loss documented: [ ] Yes

Note: this estimate covers the visible/assessed damage; concealed decking damage discovered during repair will be quoted as a change order.

TERMS & AUTHORIZATION

This estimate is valid for 30 days and reflects visible damage assessed at time of inspection. Concealed damage (rotted decking, hidden leaks) discovered once repair work begins will be documented with photos and quoted as a separate change order before proceeding. Shingle color/style matching is targeted but cannot be guaranteed identical to existing roofing due to weathering and product discontinuation; a close match is not, by itself, evidence of a defect. This estimate does not constitute an insurance claim guarantee; coverage determination is made solely by the insurance carrier. Emergency tarping, where performed, is a temporary measure only and does not replace permanent repair.

CONTRACTOR AUTHORIZATION

Signature: _____

Printed Name: _____

License #: _____

Date: _____

CLIENT ACCEPTANCE

By signing I authorize the work described above.

Signature: _____

Printed Name: _____

Date: _____