

Assigned by: \_\_\_\_\_ Phone: \_\_\_\_\_

For Carrier: \_\_\_\_\_ For IA/GC ... Firm name: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Claim Number \_\_\_\_\_ Loss Date: \_\_\_\_\_

Insured's Street Address \_\_\_\_\_

Insured's City, State, ZIP \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Alternative Contacts: \_\_\_\_\_

(Relative, PA, GC, desk adjuster)

Type of Damage: Water, Fire, etc...: \_\_\_\_\_

Have you informed insured about us:  Yes  No  Do Not Contact

Work Request:  Photo Evaluation (24 business hrs)  On-site Evaluation (4-8 business days from inspection)

Have you informed insured about us:  Yes  No  Do Not Contact

Work Category:  Wood Furniture  Cabinets  Other Wood Repair

Description of Damaged Items & Instructions/Comments: Required Details for Cabinets:

<p>Source of Loss:</p>	<b>Measurements (approx. total LF) of ALL Cabinets</b>	
	Uppers Total LF	
	Lowers Total LF	
	Full Height/Pantry Total LF	
	Island (one side) LF	
	<b>Number of Damaged:</b>	
	Lower Cabinets	
	Uppers Cabinets	
	Full Height/Pantry Cabinets	
	Island Cabinets	
	End Panels	
	Doors	
	<b>Cabinet Materials</b>	
	Cabinet Construction	
	Countertop Type	
Cabinets attached to wall		
Face Frames, doors, etc onsite?		

Clear Photos are required for a photo evaluation: see our [Checklist](#)

Please send photos of damaged items with the form to: [assignments@renovar.com](mailto:assignments@renovar.com)

This form also available to submit online: <http://www.renovar.com/assignments>