



PH: 920-268-8941

EMAIL TO: ESTIMATES@EagleContractorServices.com

**GENERAL CLAIM INFORMATION**

Please Provide all information below once for each claim.

\*If you are a returning customer you only need to provide company name.

**COMPANY INFORMATION**

**COMPANY ADDRESS**

NAME:

STREET:

EMAIL:

CITY:

**INSPECTION COMPLETED BY**

STATE  ZIP

NAME:

EMAIL:

**PROPERTY INFORMATION**

**PROPERTY ADDRESS (required)**

HOMEOWNER NAME (optional):

STREET:

PHONE:

CITY:

INSURANCE CARRIER (optional):

STATE  ZIP

DATE OF LOSS (optional):

TYPE OF LOSS:

**ADDITIONAL REPORTS NEEDED:**

ROOF REPORT:	<input type="text"/>
ITEL:	<input type="text"/>
WALLS:	<input type="text"/>
OTHER:	<input type="text"/>

Adding Reports incur additional costs.  
Visit EagleContractorServices.com for more information.

**ADDITIONAL INFORMATION/NOTES:**

I agree to have Eagle Contractor Services provide an estimate for repairs based on the information provided, in exchange I agree to pay all associated fees to Eagle Contractor Services. I attest that the accuracy of the estimate is based solely on the information I provide and in no way an attempt to defraud or mislead the homeowner, insurance company, Eagle Contractor Services or any other involved party.

**SIGNATURE:** \_\_\_\_\_