

DIRECT ESTIMATING

Property Damage Scope Sheet | v1.0

PROJECT INFORMATION

Homeowner Name		Claim #	
Property Address		Policy #	
City / State / Zip		Date of Loss	
Insurance Carrier		Type of Loss	
Referring Company		Contact Phone	
Date of Inspection		Inspector Name	

TYPE OF LOSS (check all that apply)

<input type="checkbox"/> Wind / Hail	<input type="checkbox"/> Fire / Smoke	<input type="checkbox"/> Water — Category: ____	<input type="checkbox"/> Mold
<input type="checkbox"/> Hurricane / Tornado	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Theft / Burglary	<input type="checkbox"/> Lightning
<input type="checkbox"/> Freeze / Ice Dam	<input type="checkbox"/> Tree / Debris Impact	<input type="checkbox"/> Plumbing / Appliance	<input type="checkbox"/> Other: _____

DATA CAPTURE METHOD

<input type="checkbox"/> DocuSketch	<input type="checkbox"/> Matterport	<input type="checkbox"/> Hand Measurements	<input type="checkbox"/> EagleView / Aerial
DocuSketch / Matterport Link:			

PROPERTY OVERVIEW

Property Type	<input type="checkbox"/> SFR <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Commercial		
Year Built		# of Stories	
Total Sq Ft (approx)		# of Rooms Affected	
Roof Type	<input type="checkbox"/> Shingle <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Flat <input type="checkbox"/> Other: ____		
Foundation	<input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Pier & Beam		

ROOM-BY-ROOM DAMAGE SCOPE

Complete one section per affected room. Use additional pages as needed.

ROOM 1: _____

Component	Damage Description	LxWxH / SF	Action Needed
Ceiling			
Walls			
Flooring			
Trim / Baseboards			
Doors / Frames			
Windows			

Cabinets / Counters			
Fixtures / Electrical			
Paint			
Other			

ROOM 2: _____

Component	Damage Description	LxWxH / SF	Action Needed
Ceiling			
Walls			
Flooring			
Trim / Baseboards			
Doors / Frames			
Windows			
Cabinets / Counters			
Fixtures / Electrical			
Paint			
Other			

ROOM 3: _____

Component	Damage Description	LxWxH / SF	Action Needed
Ceiling			
Walls			
Flooring			
Trim / Baseboards			
Doors / Frames			
Windows			
Cabinets / Counters			
Fixtures / Electrical			
Paint			
Other			

ROOM 4: _____

Component	Damage Description	LxWxH / SF	Action Needed
Ceiling			
Walls			
Flooring			
Trim / Baseboards			
Doors / Frames			
Windows			
Cabinets / Counters			
Fixtures / Electrical			
Paint			
Other			

ROOM 5: _____

Component	Damage Description	LxWxH / SF	Action Needed
Ceiling			
Walls			
Flooring			
Trim / Baseboards			
Doors / Frames			
Windows			
Cabinets / Counters			
Fixtures / Electrical			
Paint			
Other			

ROOM 6: _____

Component	Damage Description	LxWxH / SF	Action Needed
Ceiling			
Walls			
Flooring			
Trim / Baseboards			
Doors / Frames			
Windows			
Cabinets / Counters			
Fixtures / Electrical			
Paint			
Other			

EXTERIOR SCOPE

Component	Damage Description	Affected Area	Action Needed
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Roof (shingles/tiles/membrane)			
Gutters / Downspouts			
Siding / Stucco / Brick			
Soffit / Fascia			
Windows (exterior)			
Doors (exterior)			
Fence / Gate			
Garage / Carport			
Deck / Patio / Porch			
Landscaping / Hardscape			
HVAC / Mechanical (exterior)			
Other			

PHOTO DOCUMENTATION CHECKLIST

Ensure the following photos are captured and labeled. Minimum 4 photos per affected room.

■ Front of property (street view)	■ Each wall of affected rooms
■ Rear of property	■ Close-up of each damage point
■ Left side of property	■ Ceiling damage (per room)
■ Right side of property	■ Floor damage (per room)
■ Roof overview (aerial or ladder)	■ HVAC / mechanical units
■ Roof close-ups of damage	■ Moisture readings (if water loss)
■ Source of loss (pipe, appliance, etc.)	■ Any existing / prior damage

ADDITIONAL NOTES / SPECIAL CONDITIONS

INSPECTOR SIGN-OFF

Inspector Name		
Signature		Date: _____

Submit completed scope sheet with photos and DocuSketch/Matterport link to estimates@directestimating.net