

Damage Claim

Contractor

Contact name

Address

Email address

Phone number

RBQ#

Attention:

Insurer name

Contact name

Address

Email address

Phone number

Policy number

Approve repairs to (CLAIMANT)

Name

Address

City, Province, Postal Code

CLAIMANT'S NAME

DATE

REFERENCE OR CLAIM No.

CLAIMANT'S TELEPHONE NO

CLAIMANT'S ADDRESS

CITY, PROVINCE, POSTAL CODE

CLAIM estimate

\$

CLAIM FOR

Damage

BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED

Pending approval / Validation en attente

Task name	Measurement unit	Material cost per unit(\$)	Labor cost per unit(\$)	Quantity	Sub total(\$)
Clean stone floor	SF	3.14	0.28	1350	4,617.00
Hand clean brick wall	SF	0.08	1.68	1600	2,816.00
Pressure wash brick wall	SF	0.11	0.44	1600	880.00
Clean stone wall	SF	0.03	1.02	1216	1,276.80
Clean suspended ceiling grid	SF	0.02	0.31	1350	445.50
Strip interior to bare walls and sub-floor - typical room	SF	0.00	2.75	540	1,485.00
Strip interior to bare walls and sub-floor - bathroom	SF	0.00	8.83	100	883.00
Strip interior to bare walls and sub-floor - utility room	SF	0.00	7.06	64	451.84
Pressure wash stone wall	SF	0.11	0.44	1350	742.50
Remove drywall - ceiling	SF	0.00	2.61	1350	3,523.50

Total: 17121.14