P I C S
PROFESSIONAL INSURANCE CLAIM SERVICES

Date: _____

Estimate Information Form

Company or Contractor: _____
Technician or Project Manager: _____
Technician or PM Phone:_____
Technician or PM Email:_____
Customer Name:_____
Date of Loss:_____ Time of Loss:_____
Date Began:_____ Date Completed:_____
Type of Loss:_____
Category of Water:_____ Class of Water:_____
(Circle One) Commercial-Residential-Industrial-Other
Insurance Carrier:_____ Claim Number:_____
Customer Address:_____
Description of the loss:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Complications, Special Circumstances, or Complexities:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____