



TechLoss Consulting & Restoration, Inc.

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Project Initialization Form

CLIENT INFORMATION: (independent adjusters please list carrier contact)

Company: _____
Primary Contact: _____
Secondary Contact: _____
Address: _____
City/State: _____
Zip Code: _____
Telephone: _____
Fax Number: _____
E-Mail: _____

INSURED INFORMATION:

Company: _____
Primary Contact: _____
Secondary Contact: _____
Address: _____
City/State: _____
Zip Code: _____
Telephone: _____
Alt. Phone: _____
E-Mail: _____

LOSS INFORMATION:

Claim Number: _____
Date of Loss: _____
Estimated Claim Amount: _____

Why did you choose TechLoss C&R? (Please check & specify)

Preferred Vendor Conf./Seminar Referral
Print Ad/Web Site Direct Mailer Other
Specify: _____

Loss Type: (Please check all that apply)

Lightning Power Surge Fire Smoke Water Theft Vandalism Virus/Hacker
Liability Natural Disaster Impact Other

Actions Required: (Please check all that apply and indicate any special needs such as 35mm pictures or bound copies of reports)

ACV: Actual Cash Value Expert Witness On-Site Inspection Reparability
Causation In-House Testing Project Management Restoration
Coordinate Repairs Invoice Review RCV: Replacement Cash Value Salvage
Damage Verification Lightning Verification Recertified Replacement Cost Subrogation
Data Retrieval LKQ Verification Surge Type: Lightning vs. Utility

Predominate Equipment: (Please check all that apply)

Alarm Computers HVAC Manufacturing Medical Office Phone System
Point of Sale Residential Transmission Well Pump Other

Loss Description:

*** Please include any supporting documentation and/or invoices with this form ***

For Office Use: Date Received: ___/___/___ Time: ___:___ Engineer: ___ Job #: -_-_-_-_-_-_-