



TechLoss Consulting & Restoration, LLC

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http://www.TechLoss.com/

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? (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, Impact, Virus, Liability, Natural Disaster, 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:

Blank lines for loss description

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

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