

Call Report Form

Job Information

Date: _____ Time Called In: _____ Date of Loss: _____ Job No: _____
Contact: _____ Relationship: _____
Job Address: _____ Site Phone: _____
City: _____ Work Phone Mr.: _____
State: _____ Zip: _____ Work Phone Mrs: _____
Other: _____

Insured Information

Insured: _____
Bill Address: _____ Home Phone: _____
City: _____ Work Phone Mr: _____
State: _____ Zip: _____ Work Phone Mrs: _____
Motel _____ Phone _____ Ext: _____
Other: _____

Insurance Information

Ins. Company: _____ Policy : _____
Ins. Agency: _____ Contact: _____
Agency Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Adjusting Co: _____ Adjuster: _____
Adjuster Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Directions to Job

Map Page:

Coordinates:

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Telephone Questions:					
Is there any standing water?	Yes	No	Is there electric power available?	Yes	No
Has the source of water stopped?	Yes	No	Is the heat system still working?	Yes	No
Is there any large furniture?	Yes	No	Have you called your insurance agent?	Yes	No
Is there anyone with allergies?	Yes	No	Have you called a repair person?	Yes	No
Have called health inspector?	Yes	No	Are you still living in structure?	Yes	No
Notes:					
Cause of loss:					

Areas Affected: Which areas and the type of flooring affected: C -Carpet, V -Vinyl, T -Tile, H -Hardwood, O -Other					
Hall:	Liv Room:	Rec Room:	Dining:	Kitchen:	Bath:
Hall:	Study:	Den:	Master Bed:	Bedroom:	Bedroom:
Other areas affected:					

General and Payment Information					
Age of the structure:			Style:		
Steps already taken:					
Special concerns of customer:					
Has anyone already inspected the situation:		Yes	No	Name:	Title:
How will you handle the emergency fee:					

Marketing Information					
Where did you get our phone number?					
How did you first learn about our company?					
Referring Company:			Referring Individual:		

Instructions to Customer:					

Emergency Service Response:					
Technicians Notified Name:			Time:	By:	
Technicians Arriving Name:			Time:	By:	