



Q. NANCY PlesHA OWNER

ESS

Extreme Storm Solutions

Rep: ALi F DAN
Mobile # _____

Roofers: ESS

4701 W Midlothian Turnpike, Suite 10 Crestwood, IL 60445

OFFICE: 708-371-9000 FAX: 708-371-9001

Email: Extremestormsolutions@gmail.com

Lic. #: 104.017091

ROOFING - SIDING - WINDOWS - GUTTERS

This agreement is subject to Insurance Company's approval

PROPERTY OWNER: ON the ROAD AGAIN INSURANCE CO: Travelers
 ADDRESS: 9925 W 143rd St CLAIM #:
 CITY: ORLAND PARK POLICY #: 680 49031560-1242
 STATE: IL ZIP: 60462 CHECK #1: \$
 PHONE: CHECK #2: \$
 MOBILE: 630-569-0591 DEPRECIATION: \$
 E-MAIL: NANCY PlesHA@yahoo.com SUPPLEMENT: \$
 TOTAL INSURANCE PROCEEDS: \$ 12300.00

| WHAT WE ARE DOING FOR YOU | DAMAGED AREAS | HOUSE | GARAGE | ADDITIONAL WORK REQUESTED BY OWNER NOT COVERED BY INSURANCE CO. |
|--|---|-------|--------|---|
| <input checked="" type="checkbox"/> STYLE OF SHINGLE <u>Arch</u> | <input checked="" type="checkbox"/> ROOF | X | / | |
| <input type="checkbox"/> COLOR OF SHINGLE | <input checked="" type="checkbox"/> GUTTERS | | | \$ |
| <input type="checkbox"/> BRAND NAME | <input type="checkbox"/> DOWNSPOUTS | | | \$ |
| <input checked="" type="checkbox"/> TEAR OFF | <input type="checkbox"/> FASCIA | | | \$ |
| <input checked="" type="checkbox"/> ICE AND WATER SHIELD | <input type="checkbox"/> SIDING | | | \$ |
| <input checked="" type="checkbox"/> FELT | <input type="checkbox"/> WINDOW CAPPING | | | \$ |
| <input checked="" type="checkbox"/> VALLEY | <input type="checkbox"/> WINDOWS | | | \$ |
| <input checked="" type="checkbox"/> VENTS # | <input type="checkbox"/> SHED | | | TOTAL AMOUNT NOT COVERED \$ |
| <input checked="" type="checkbox"/> PIPE JACKS | <input type="checkbox"/> DECKS | | | SIDING |
| <input checked="" type="checkbox"/> SKYLIGHTS # | <input type="checkbox"/> AIR CONDITIONER | | | |
| <input checked="" type="checkbox"/> CHIMNEY FLASHING | <input type="checkbox"/> FENCE | | | COLOR _____ |
| <input checked="" type="checkbox"/> REMOVE DEBRIS FROM PROPERTY AND YARD | <input type="checkbox"/> DOOR CAPPING | | | GUTTERS _____ TOTAL FEET _____ |
| <input checked="" type="checkbox"/> ROLL YARD WITH MAGNETIC ROLLER | <input type="checkbox"/> AWNINGS | | | PAINTWORK _____ ROOMS _____ |
| <input checked="" type="checkbox"/> PROTECT LANDSCAPING | <input type="checkbox"/> GRILL | | | |
| <input checked="" type="checkbox"/> FURNISH PERMIT | <input type="checkbox"/> SCREENS | | | |
| 6 SHEETS OF REPLACEMENT DECKING IF NEEDED ARE INCLUDED ADDITIONAL DECKING WILL BE \$60 PER 4X8 SHEET | <input type="checkbox"/> AC COMBING | | | |
| | <input type="checkbox"/> SATELLITE | | | |
| | <input type="checkbox"/> DRIP | | | |

Recommendations and Notes: _____

Terms: This agreement **Does not obligate** the homeowner or E.S.S. Inc. in any way unless approved by the insurance company and accepted by E.S.S. Inc. By signing this agreement, the homeowner authorizes E.S.S. Inc. to pursue the homeowner's best interest for damage replacement or repair at a "price agreeable" to the insurance company and E.S.S. Inc. (with no additional costs to the homeowner except the deductible). When "price agreeable" is determined it shall become the final contract price of \$ 12300.00 (including sales tax) and homeowner authorizes E.S.S. Inc. to obtain labor AS OUTLINED ON INSURANCE ESTIMATE and material in accordance with the "price agreeable" and the specifications set out herein and on the reverse side hereof to accomplish the replacement or repair. And all additional monies received from the insurance company as general contractor overhead, profit, supplements and/or cost increases will be paid to E.S.S. Inc in addition to the contract price above.

2-year warranty on workmanship—Limited lifetime warranty

General Contractor: Homeowner acknowledges E.S.S. Inc. as a general contractor and such will be entitled to the (insurance proceeds) as allowed by insurance industry standards.

Deductible amount of \$ 1000 and upgraded shingles amount of \$ 0 are not covered by insurance company and homeowner shall be responsible for both. I understand and agree that work shall be completed by E.S.S. Inc. according to Insurance companies summary which is E.S.S Inc. ESTIMATE.

(I have read all the terms and conditions above and on the reverse portion of this contract.)

Accepted by Insured on: Date 1/29/18 Homeowners Signatures: Nancy Plesha
 Modification Accepted by Insured on: Date 1/26/18 Homeowners Signature: Nancy Plesha

Authorized Representative Signature: _____