



1-844-900-CASTLE



**PRELIMINARY PRICING DETAIL**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Field Representative: \_\_\_\_\_

Details	Please enter notes as necessary	Amount
Original Insurance Estimate (total Claim Amount)		
Upgrades (if applicable)		
_____		
_____		
_____		
Work/Trades not being completed by Castle Rock Restoration (if applicable)		
_____		
_____		
Customer responsibility on Deductible (included in Total Claim Amount)		
_____		
Any additional information/deductions		
_____		
_____		
_____		

First Insurance Draft	\$
2nd Payment	\$
Supplement Draft (Depreciation/Overhead & Profit)	\$
Upgrade Payment	\$
Final Payment*	\$

\*total may be adjusted due to additional supplements pending.  
Your Field Representative will notify you and provide the additional information.

Homeowner Signature _____	Date _____	Supplements (if applicable)	\$
		New contract Amount	\$