

A & J CALL REPORT—WATER

True North Member: Yes No

Job: _____ Date of Loss: _____

Date: _____ Time Called In: _____

Called in by: _____ Relationship: _____

LEAD REGULATION	
Year House Built:	_____
Age of Home:	_____

Have you contacted your RDO/Immediate Supervisor or Owner: Yes No

BUSINESS SOURCE

Referral Source:
(Person/Company)

- | | | |
|--|---|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Home Ins./Ind.Hyg./Realtor | <input type="checkbox"/> Alacrity |
| <input type="checkbox"/> Property/Facility Manager | <input type="checkbox"/> Flooring Retailer | <input type="checkbox"/> Repeat Customer |
| <input type="checkbox"/> Insurance Agent | <input type="checkbox"/> Janitorial Service | <input type="checkbox"/> TV Media/Commercial |
| <input type="checkbox"/> Insurance Adjuster | <input type="checkbox"/> IMACC | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Plumbers/Septic/Sprinkler | <input type="checkbox"/> Contractor Connection | <input type="checkbox"/> Other _____ |

CONTACT INFO

Contact: _____ Home Phone: _____

Job Address: _____ Cell Phone: _____

_____ Work Phone: _____

City: _____ Email: _____

State: _____ Zip: _____ Other: _____

BILLING INFO

Bill To: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Work Phone: _____

City: _____ Email: _____

State: _____ Zip: _____ Other: _____

INSURANCE INFORMATION

(If no insurance/deductible please collect minimum of \$500.00 prior to starting job)

Insurance Co: _____ Deductible: \$ _____

Agent/Adjuster: _____ Claim #: _____

Address: _____ Phone: _____

_____ Fax: _____

City: _____ Email: _____

State: _____ Zip: _____ Other: _____

Category of Loss: 1 2 3

Class of Loss: I II III IV

Cause of Loss/Steps Already Taken/Equip. on site: _____
