State Farm
P.O. Box 106169
Atlanta, GA 30348-6169
Fax: 1-844-236-3646
statefarmfireclaims@statefarm.com

Structural Damage Claim Policy

This estimate is priced based on estimated market pricing for the cost of materials, labor, and other factors at the time of the loss.

Adjustments in market pricing and timing of the repairs may impact the final cost of covered repairs. Should you or the contractor you select have questions concerning our estimate, please contact us. If your contractor's estimate is higher than ours, you should contact us prior to beginning repairs. State Farm will work with you and your contractor to determine the actual and necessary cost of covered repairs at the time repairs will be completed, subject to policy terms, conditions and limits.

- We want you to receive quality repair work to restore the damages to your property.
- We will provide you with a detailed estimate of the scope of the damage and costs of repairs. Should the contractor you select have questions concerning our estimate, they should contact your claim representative directly.
- Depending upon the complexity of your repair, our estimate may or may not include an allowance for general contractor's overhead and profit. If you have questions regarding general contractor's overhead and profit and whether general contractor services are appropriate for your loss, please contact your claim representative before proceeding with repairs.
- There may be building codes, ordinances, laws, or regulations that affect the repairs of your property. These items may or may not be covered by your policy. Please contact your claim representative if you have any questions regarding coverage which may be available under your policy.
- State Farm® cannot authorize any contractor to proceed with work on your property. Repairs should proceed only with your authorization.
- State Farm does not guarantee the quality of the workmanship of any contractor or guarantee that the work will be accomplished within any specific time frame.
- It is understood that the contractor is hired by you, our insured, and that they work for you - not State Farm.

If you have any questions or need additional information regarding your claim, please contact your claim representative immediately.

Building Estimate Summary Guide

This summary guide is based on a sample estimate and is provided for reference only.
Please refer to the estimate for specifics of your claim.

State Farm Insurance

Insured:	Smith, Joe & Jane	Estimate:	00-0000-000
Property:	1 Main Street	Claim number:	00-0000-000
	Anywhere, IL 00000-0000	Policy Number:	00-00-0000-0
Type of Loss:	Other	Price List:	ILBL8F_MAR 13
Deductible:	$1,000.00		Restoration/Service/ Remodel F = Factored In, D = Do Not Apply

Summary for Dwelling

Line Item Total [1]				5,953.10
Material Sales Tax	@	10.000% x 1,520.00		
Subtotal				6,105.10
General Contractor Overhead [2]	@	10.0% x 6,105.10		610.51
General Contractor Profit	@	10.0% x 6,105.10		
Replacement Cost Value (Including General Contractor Overhead and Profit [3]				7,326.12
Less Depreciation (Including Taxes) [4]				(832.50)
Less General Contractor Overhead & Profit on Recoverable & Non - recoverable Depreciation				(166.50)
Less Deductible [5]				
Net Actual Cash Value Payment [6]				

Maximum Additional Amounts Available If Incurred:

Total Line Item Depreciation (Including Taxes) [4]	832.50	
Less Non - recoverable Depreciation (Including Taxes) [7]		
Subtotal		312.50
General Contractor O&P on Depreciation	166.50	
Less General Contractor O&P on Non - recoverable Depreciation		
Subtotal		
Total Maximum Additional Amounts Available If Incurred [8]		
Total Amount of Claim If Incurred [9]		

Claim Representative

ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND LIMITS OF YOUR POLICY.

1. **Line Item Total –** Total value of all line items in the estimate plus possible adjustments for *labor minimums*. *Labor Minimum* is to cover a certain minimum number of hours for drive-time, set up time and applicable administrative costs and repairs.
2. **General Contractor's Overhead and Profit –** General contractor's charge for coordinating your repairs.
3. **Replacement Cost Value (RCV) –** Estimated cost to repair or replace damaged property.
4. **Depreciation –** The decrease in the value of property over a period of time due to wear, tear, condition, and obsolescence. A portion or all of this amount may be eligible for replacement cost benefits.
5. **Deductible –** The insurer will pay for losses, up to the policy limits, in excess of your applicable deductible.
6. **Net Actual Cash Value Payment (ACV) –** The repair or replacement cost of the damaged part of the property less *depreciation* and *deductible*.
7. **Non Recoverable Depreciation –** *Depreciation* applied to items that are not eligible for replacement cost benefits.
8. **Total Maximum Additional Amount if Incurred –** Total amount of recoverable depreciation after actual repair or replacement of the property.
9. **Total Amount of Claim if Incurred –** Total amount of the claim, including *net actual cash value payment and total maximum additional amount available if incurred.*

SAMPLE

Insured:	ADDINGTON, ALAN	Estimate:	35-48B0-49W
Property:	621 LOXLEY LN TROY, OH 45373-7801	Claim Number:	3548B049W
		Policy Number:	35C0A0701
Home:	937-440-3408	Price List:	OHDT28_APR23
Cellular:	937-765-3951		Restoration/Service/Remodel
Type of Loss:	Wind Damage		
Deductible:	$2,328.00		
Date of Loss:	4/1/2023		
Date Inspected:	4/27/2023		

Summary for Coverage A - Dwelling - 35 Windstorm and Hail

Line Item Total	17,419.01
Material Sales Tax	465.93
Replacement Cost Value	17,884.94
Less Depreciation (Including Taxes)	(1,954.16)
Less Deductible	(2,328.00)
Net Actual Cash Value Payment	$13,602.78

Maximum Additional Amounts Available If Incurred:

Total Line Item Depreciation (Including Taxes)	1,954.16	
Replacement Cost Benefits	1,954.16	
Total Maximum Additional Amount Available If Incurred		1,954.16
Total Amount of Claim If Incurred		$15,556.94

Saer, Carlos
844-458-4300 x 9727325392
McLeod, Michael

ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND LIMITS OF YOUR POLICY.

StateFarm

Explanation of Building Replacement Cost Benefits
Homeowner Policy
Coverage A - Dwelling - 35 Windstorm and Hail

To: Name: ADDINGTON, ALAN
Address: 621 LOXLEY LN
City: TROY
State/Zip: OH, 45373-7801

Insured: ADDINGTON, ALAN
Date of Loss: 4/1/2023
Claim Number: 3548B049W
Cause of Loss: WIND

Your insurance policy provides replacement cost benefits for some or all of the loss or damage to your dwelling or structures. Replacement cost benefits pays the actual and necessary cost of repair or replacement, without a deduction for depreciation, subject to your policy's limit of liability. To receive replacement cost benefits you must:

1. Complete the actual repair or replacement of the damaged part of the property within two years of the date of loss;
2. Promptly notify us within 30 days after the work has been completed; and
3. Confirm completion of repair or replacement, by submitting invoices, receipts or other documentation to your agent or claim office.

Until these requirements have been satisfied, our payment(s) to you will be for the actual cash value of the damaged part of the property, which may include a deduction for depreciation.

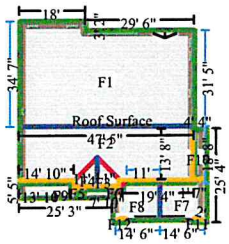
Without waiving the above requirements, we will consider paying replacement cost benefits prior to actual repair or replacement if we determine repair or replacement costs will be incurred because repairs are substantially under way or you present a signed contract acceptable to us.

The estimate to repair or replace your damaged property is $17,884.94 . The enclosed claim payment to you of $13,602.78 is for the actual cash value of the damaged property at the time of loss, less any deductible that may apply. We determined the actual cash value by deducting depreciation from the estimated repair or replacement cost. Our estimate details the depreciation applied to your loss. Based on our estimate, the additional amount available to you for replacement cost benefits (recoverable depreciation) is $ 1,954.16 .

If you cannot have the repairs completed for the repair/replacement cost estimated, please contact your claim specialist prior to beginning repairs.

All policy provisions apply to your claim.

Dwelling



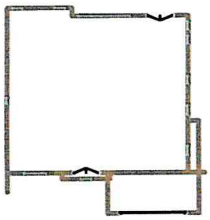
Roof Surface

2,991.61	Surface Area	29.92	Number of Squares
328.21	Total Perimeter Length	67.21	Total Ridge Length
4.24	Total Hip Length		

	QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
****FRONT SLOPE*****							
1. Remove Laminated - comp. shingle rfg (per SHINGLE)							
	2.00 EA	6.20	0.00	12.40			12.40
2. Laminated - comp. shingle rfg (per SHINGLE)							
	2.00 EA	14.55	0.31	29.41			29.41
RIGHT SLOPE							
3. Remove Laminated - comp. shingle rfg (per SHINGLE)							
	12.00 EA	6.20	0.00	74.40			74.40
4. Laminated - comp. shingle rfg (per SHINGLE)							
	12.00 EA	14.55	1.87	176.47			176.47
The roof waste % is not available. The calculation contains values that may result in an inaccurate waste %.							
NO ADPL to REAR SLOPE							
LEFT SLOPE							
5. Remove Laminated - comp. shingle rfg (per SHINGLE)							
	1.00 EA	6.20	0.00	6.20			6.20
6. Laminated - comp. shingle rfg (per SHINGLE)							
	1.00 EA	14.55	0.16	14.71			14.71
The roof waste % is not available. The calculation contains values that may result in an inaccurate waste %.							
7. Roofer - per hour							
	3.00 HR	124.26	0.00	372.78			372.78
To access steep and 2nd story roof to make repairs							
8. R&R Hip / Ridge cap - composition shingles							
	5.00 LF	7.13	0.49	36.14			36.14
Repair no deprecation withheld							
Totals: Roof Surface			**2.83**	**722.51**		**0.00**	**722.51**

Elevations

Exterior



Ext_Surfaces

3,311.09 SF Walls 271.31 LF Floor Perimeter
3,311.09 SF Walls & Ceiling

Window	**1' 6" X 2' 6"**	**Opens into Exterior**
Window	**5' 6" X 4' 6"**	**Opens into Exterior**
Door	**6' X 7'**	**Opens into Exterior**
Window	**5' 6" X 4' 6"**	**Opens into Exterior**
Window	**2' 6" X 4' 6"**	**Opens into Exterior**
Window	**2' 6" X 4' 6"**	**Opens into Exterior**
Window	**13' X 6' 6"**	**Opens into Exterior**
Door	**6' X 7'**	**Opens into Exterior**
Door	**16' X 6' 11 7/16"**	**Opens into Exterior**
Window	**2' 6" X 4' 6"**	**Opens into Exterior**
Window	**2' 6" X 4' 6"**	**Opens into Exterior**
Window	**2' 6" X 4' 6"**	**Opens into Exterior**
Window	**2' X 2'**	**Opens into Exterior**
Window	**2' X 2'**	**Opens into Exterior**
Window	**2' X 2'**	**Opens into Exterior**
Window	**2' X 2'**	**Opens into Exterior**

	QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
9. Scaffold - per section - frame only (per day)							
	40.00 DA	12.53	0.00	501.20			501.20
8 sections of scaffolding for 5 days							
10. Scaffolding Setup & Take down - per hour							
	4.00 HR	43.94	0.00	175.76			175.76
****Front Elevation*****							
Right Elevation							
11. R&R Siding - vinyl - High grade							
	943.95 SF	6.35	177.75	6,171.83	7/50 yrs Avg.	(864.05) 14.00%	5,307.78
12. R&R Rigid foam insulation board - 1"							
	943.95 SF	1.57	53.52	1,535.52	7/150 yrs Avg.	(71.66) 4.67%	1,463.86
13. R&R Vinyl J trim							
	72.00 LF	5.63	3.98	409.34	7/50 yrs Avg.	(57.31) 14.00%	352.03
Rear Elevation							
Left Elevation							

CONTINUED - Ext_Surfaces

	QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
14. R&R Siding - vinyl - High grade	914.54 SF	6.35	172.21	5,979.54	7/50 yrs Avg.	(837.14) 14.00%	5,142.40
15. R&R Rigid foam insulation board - 1"	914.54 SF	1.57	51.85	1,487.68	7/150 yrs Avg.	(69.42) 4.67%	1,418.26
16. R&R Vinyl J trim	68.58 LF	5.63	3.79	389.90	7/50 yrs Avg.	(54.58) 14.00%	335.32
Totals: Ext_Surfaces			**463.10**	**16,650.77**		**1,954.16**	**14,696.61**

Area Totals: Exterior

3,311.09 SF Walls	271.31 Exterior Perimeter of Walls	3,311.09 SF Walls and Ceiling	
3,311.09 Exterior Wall Area		271.31 LF Floor Perimeter	

Total: Exterior	**463.10**	**16,650.77**	**1,954.16**	**14,696.61**

Area Totals: Elevations

3,311.09 SF Walls	271.31 Exterior Perimeter of Walls	3,311.09 SF Walls and Ceiling	
3,311.09 Exterior Wall Area		271.31 LF Floor Perimeter	

Total: Elevations	**463.10**	**16,650.77**	**1,954.16**	**14,696.61**

Area Totals: Dwelling

3,311.09 SF Walls	271.31 Exterior Perimeter of Walls	3,311.09 SF Walls and Ceiling	
3,311.09 Exterior Wall Area		271.31 LF Floor Perimeter	
2,991.61 Surface Area	29.92 Number of Squares	328.21 Total Perimeter Length	
67.21 Total Ridge Length	4.24 Total Hip Length		

Total: Dwelling	**465.93**	**17,373.28**	**1,954.16**	**15,419.12**

Temporary Repairs

0.00 SF Walls	0.00 SF Ceiling	0.00 SF Walls & Ceiling
0.00 SF Floor	0.00 SF Short Wall	0.00 LF Floor Perimeter
0.00 SF Long Wall		0.00 LF Ceil. Perimeter

	QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
17. Remove Tarp - all-purpose poly - per sq ft (labor and material)	456.00 SF	0.07 N	0.00	31.92			31.92

CONTINUED - Temporary Repairs

	QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
Totals: Temporary Repairs			**0.00**	**31.92**		**0.00**	**31.92**

Debris Removal

0.00 SF Walls
0.00 SF Ceiling
0.00 SF Walls & Ceiling
0.00 SF Floor
0.00 SF Short Wall
0.00 LF Floor Perimeter
0.00 SF Long Wall
0.00 LF Ceil. Perimeter

	QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
18. Dumpster load - Approx. 12 yards, 1-3 tons of debris	1.00 EA	380.00	0.00	380.00			380.00
Totals: Debris Removal			**0.00**	**380.00**		**0.00**	**380.00**

Labor Minimums Applied

	QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
19. Temporary repair services labor minimum	1.00 EA	99.74	0.00	99.74			99.74
Totals: Labor Minimums Applied			**0.00**	**99.74**		**0.00**	**99.74**
Line Item Totals: 35-48B0-49W			**465.93**	**17,884.94**		**1,954.16**	**15,930.78**

Grand Total Areas:

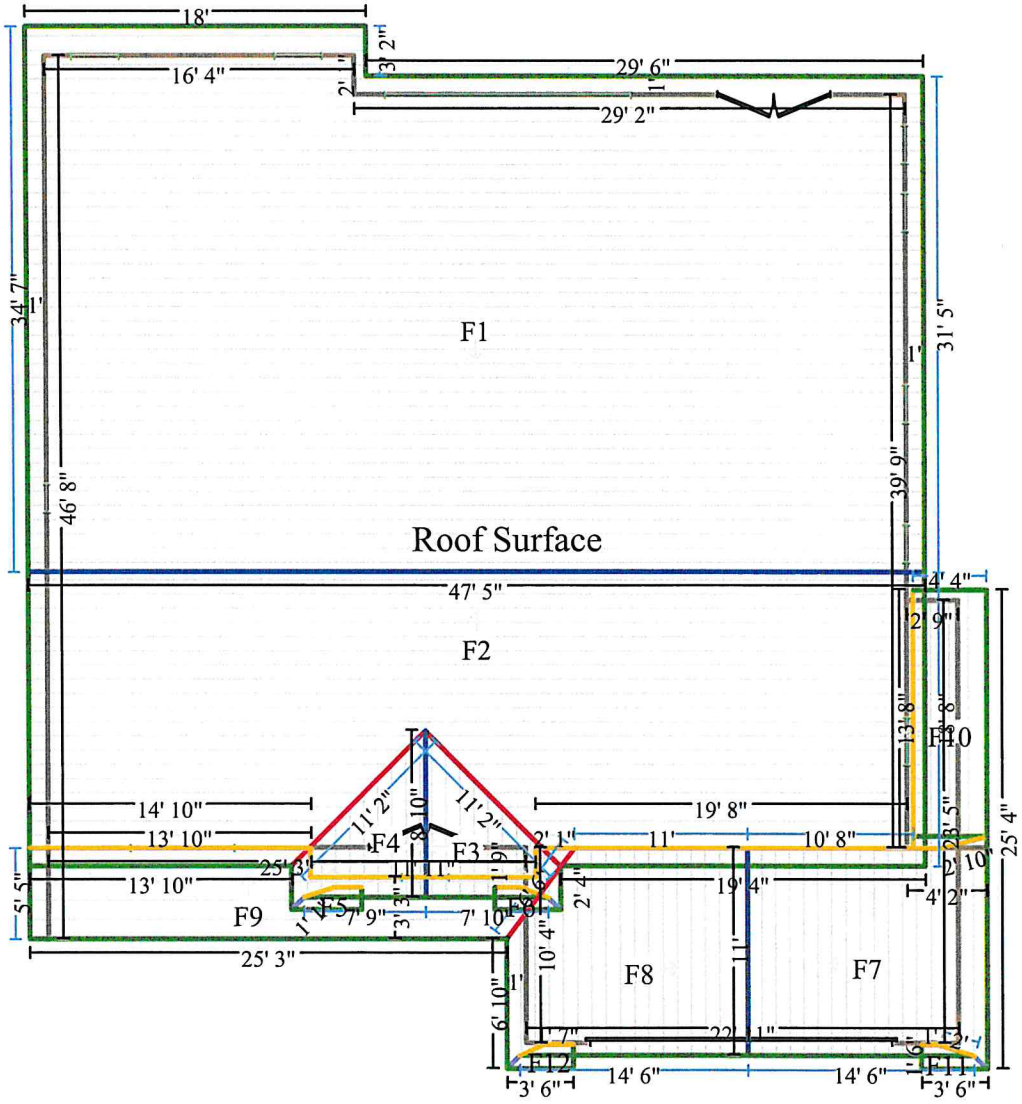
3,311.09 SF Walls
3,311.09 SF Walls and Ceiling
271.31 LF Floor Perimeter

3,311.09 Exterior Wall Area
271.31 Exterior Perimeter of Walls

2,991.61 Surface Area
29.92 Number of Squares
328.21 Total Perimeter Length
67.21 Total Ridge Length
4.24 Total Hip Length

Recap of Taxes, Overhead and Profit

	GC Overhead (0%)	GC Profit (0%)	Material Tax (0%)	Material Sales Tax (7%)	Cln Matl Tax (7%)	Cln&Carpet Svc Tax (7%)
Line Items	0.00	0.00	0.00	465.93	0.00	0.00
Total	**0.00**	**0.00**	**0.00**	**465.93**	**0.00**	**0.00**


18'
3' 2"
16' 4"
2' 1"
29' 6"
1'
29' 2"
34' 7"
1'
F1
31' 5"
1'
39' 9"
46' 8"
Roof Surface
47' 5"
4' 4"
2' 9"
F2
F10
13' 8"
13' 8"
14' 10"
13' 10"
11' 2"
10"
11' 2"
F4
F3
19' 8"
2' 1"
11'
10' 8"
25' 3"
13' 10"
5' 5"
F9
1' 2"
5' 7" 9"
3' 3"
7' 10"
F6
2' 4"
19' 4"
4' 2"
25' 4"
2' 10"
2' 5"
25' 3"
10' 4"
F8
11'
F7
1'
6' 10"
1' 7"
22' 11"
1' 2"
F12
F11
3' 6"
14' 6"
14' 6"
3' 6"

N

Exterior

StateFarm

Summary of Loss

Named Insured: Addington, Alan **Claim Number:** 35-48B0-49W

Company: State Farm

Coverage A - Dwelling

Limit of Liability: $ 465,600.00

Description:	Repl Cost$:	Rec Dep$:	Non-Rec Dep$:	Amt Over Limit$:	Subtotal$:
State Farm Estimate	$ 17,884.94	$ 1,954.16	$ 0.00	$ 0.00	$ 15,930.78
Total(s):	**$ 17,884.94**	**$ 1,954.16**	**$ 0.00**	**$ 0.00**	**$ 15,930.78**

Comments:

Coverage B - Personal Property

Limit of Liability: $ 349,200.00

Description:	Repl Cost$:	Rec Dep$:	Non-Rec Dep$:	Amt Over Limit$:	Subtotal$:
Payment Tracker Worksheet	$ 513.55	$ 205.42	$ 0.00	$ 0.00	$ 308.13
Total(s):	**$ 513.55**	**$ 205.42**	**$ 0.00**	**$ 0.00**	**$ 308.13**

Comments:

Payments Made

Date:	Description:	Amount:
Total(s):		**$ 0.00**

Comments / Supplements

Subtotal:$	16,238.91
Less Deductible:$	2,328.00
Total Payable:$	13,910.91
Less Total Payments Made:$	0.00
Net Payment:$	**13,910.91**

Legend

- Repl Cost = Replacement Cost
- Rec Dep = Recoverable Depreciation
- Non Rec Dep = Non-Recoverable Depreciation
- Amt Over Limits = Amount Over Limits
- Limit of Liab = Limit of Liability

Michael P McLeod 5/6/2023

Signature ***Date***

** Your policy may provide for additional payments on a replacement cost basis for the Recoverable Depreciation listed above for Cov. A and Cov. B. for your Building and Personal Property. Please refer to your policy and any endorsements for specific time limits and additional settlement provisions. Please contact your claim handler if you have any questions.*

Payment Worksheet

Insured:	**ADDINGTON, ALAN**	**Home:**	**937-440-3408**	**Claim Number:**	**3548B049W**	**Type of Loss:**	**Wind Damage**
Property:	**621 LOXLEY LN TROY, OH 45373-7801**			**Policy Number:**	**35C0A0701**	**Date of Loss:**	**4/1/2023**

Summary For Coverage B - Personal Property - 36 Windstorm and Hail

Estimate Total	$513.55
Less Replacement Cost Benefits Available	-$205.42
Subtotal	$308.13
Amount Due Customer	**$308.13**

Loss Payment Summary

Payment Type	Date Paid	Amount	Check #	User ID	Notes
Total		**$0.00**			