

## PREFERRED PARTNERS - SCOPE PACKAGE

Welcome to Fair-Line,

Below is Fair-Line's Scope Package developed for our Preferred Partners. This Package is not intended to replace any processes that you may currently employ but rather compliment your existing operations. When utilized in combination with your Fair-Line Specialist this Scope Package will not only Improve the Efficiency of your Scope and Estimating Process but will also Create Scope/Estimating Consistency throughout your Organization. In addition, it will Improve your Customer Experience and Maximize your Profitability. With Fair-Line, clients receive only the best the industry has to offer, Practical solutions which Save Time, Save Money, provide Piece of Mind and the Customer Service Edge this environment demands.

### Scope Process:

**1. Print off attached Scope and sketch sheets.**

There are separate Emergency and Reconstruction Sheets in this package. In most cases the Emergency Sheet can be utilized for all situations. It is even set up so that your Technicians will be able to record 99% of the information that Fair-Line needs to complete an Emergency and/or a Reconstruction Estimate. This will reduce the need for Project Managers to visit sites if this is something that you choose to do.

**2. When on site, fill out the Scope Tic Sheets ENTIRELY.**

If an item doesn't apply to that room, put "N/A" or "-" so we know that it has been considered and it hasn't been missed. IMPORTANT: There should be virtually NO NEED to do anything more than to Y/N/"TIC". Our Sheets are designed to keep things simple. It may not seem like enough information but if they are filled out correctly, along with the Sketch and Photos, this is generally all your Fair-Line Specialist will need.

**3. Measure and Draw the Sketch.**

(Note: Fair-Line doesn't need the sketch to be to scale, only correct dimensions are needed.)

**4. Take Photos of Each Room Affected.**

Ensure that you are taking "overview" shots of each room. Typically, a photo from each corner of an affected room will be enough.

**5. Upload your photos to the Xactimate Assignment.**

If there is no assignment you can send us your photos via Email/DropBox/Google Drive and we can add them to Xactimate when we create the file in Xactimate. (Note that because there is sometimes a large number of photos for a loss most of our Clients have found that it usually works best if they simply upload them to Xactimate in a file they have created verses trying to send them through some sort of service like DropBox or Google Drive.)

**6. Send the assignment to the Cloud and/or send us a copy of your ".ESX" file(s) if applicable.**

**7. Scan or take a photo of your Sketch and Scope Sheets.** Email to [info@fairlineinc.ca](mailto:info@fairlineinc.ca).

In the subject line of your Email ensure that you put the ADDRESS and LAST NAME of the client (and your file number if you track files that way). In the body of the email provide us with:

- ✓ Your Xactimate ID and Password (if you use Xactimate Online and want Fair-Line to access your ".ESX" files that way).
- ✓ The name of the Insurance Company, Adjuster, Claim # (if applicable).
- ✓ What the P&O Rates should be. (10&5, 10&10, etc.)
- ✓ Whether you are requesting an Emergency Estimate, a Reconstruction Estimate. Or Both.
- ✓ Any ICC/Sub-Trade Quotes/Invoices or if they are still Pending.

### **AND THAT IT. IT'S THAT SIMPLE.**

Fair-Line will take care of the rest. Your Estimate will be sent to you within 2 business days.

THANK YOU FOR CHOOSING FAIR-LINE

**TYPE OF REQUEST** (circle applicable): Emergency | Reconstruction | Separate Content Estimate | Full Service

**ADDRESS:** \_\_\_\_\_ **PROFIT & OVERHEAD:** \_\_\_\_\_ **SUB-TRADE(S) USED:** Y / N Type: \_\_\_\_\_  
**CLIENT NAME:** \_\_\_\_\_ **LEVEL/FLOOR:** \_\_\_\_\_ **ICC SAMPLE(S):** Y / N Type: \_\_\_\_\_  
**INSURANCE COMPANY:** \_\_\_\_\_ **ATP TESTING:** Y / N \_\_\_\_\_  
**DATE OF LOSS:** \_\_\_\_\_ **ASBESTOS SAMPLE(S):** Y / N # OF \_\_\_\_\_  
**CAUSE/TYPE OF LOSS:** \_\_\_\_\_ **EMERGENCY CALL OUT FEE:** Y / N \_\_\_\_\_

**ROOM:**

Equipment	AMs:	DeHus:	Other:	
# of Days				
Contents	Per Room	Per Hour	Blocking? Y / N	
Extraction	% of Room:		See Pack Out	
Anti-Mic	% of Room:	+PF? Y/N	+Amount? _____	
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #	After Hours
Insulation				
Drywall				
Ceiling				
Carpet Pad				
Carpet				
Flooring				
Baseboard				
Casing				
Jamb(s)				
Door(s)				
Cabinet(s)				
Lighting				
Other:				

**ROOM:**

Equipment	AMs:	DeHus:	Other:	
# of Days				
Contents	Per Room	Per Hour	Blocking? Y / N	
Extraction	% of Room:		See Pack Out	
Anti-Mic	% of Room:	+PF? Y/N	+Amount? _____	
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #	After Hours
Insulation				
Drywall				
Ceiling				
Carpet Pad				
Carpet				
Flooring				
Baseboard				
Casing				
Jamb(s)				
Door(s)				
Cabinet(s)				
Lighting				
Other:				

**General Items:**

Debris	P/U   TRAILER   DTRUCK   DUMP
EQ Monitor	# of Hours?
EQ Decon.	# of Pieces?
General Floor Protection Amount:	
General Containment Amount: Posts?{#}	
PPE (Suits) Amount:	
Respirator Amount:	
OTHER:	
<b>CONTENTS PACK OUT/IN</b>	
	# of Crew   # of Hours   After Hours?
Pack Out Hours	
Pack In Hours	
Boxes	Amount
Bubble Wrap	Amount
Stretch Wrap	Amount
On Site Storage	Size: # of Weeks:
Moving Van	Size: # of trips:
Off Site Storage	SqFt Size: # of Weeks:
OTHER:	

**ROOM:**

Equipment	AMs:	DeHus:	Other:	
# of Days				
Contents	Per Room	Per Hour	Blocking? Y / N	
Extraction	% of Room:		See Pack Out	
Anti-Mic	% of Room:	+PF? Y/N	+Amount? _____	
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #	After Hours
Insulation				
Drywall				
Ceiling				
Carpet Pad				
Carpet				
Flooring				
Baseboard				
Casing				
Jamb(s)				
Door(s)				
Cabinet(s)				
Lighting				
Other:				

**ROOM:**

Equipment	AMs:	DeHus:	Other:	
# of Days				
Contents	Per Room	Per Hour	Blocking? Y / N	
Extraction	% of Room:		See Pack Out	
Anti-Mic	% of Room:	+PF? Y/N	+Amount? _____	
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #	After Hours
Insulation				
Drywall				
Ceiling				
Carpet Pad				
Carpet				
Flooring				
Baseboard				
Casing				
Jamb(s)				
Door(s)				
Cabinet(s)				
Lighting				
Other:				

**ROOM:**

Equipment	AMs:	DeHus:	Other:	
# of Days				
Contents	Per Room	Per Hour	Blocking? Y / N	
Extraction	% of Room:		See Pack Out	
Anti-Mic	% of Room:	+PF? Y/N	+Amount? _____	
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #	After Hours
Insulation				
Drywall				
Ceiling				
Carpet Pad				
Carpet				
Flooring				
Baseboard				
Casing				
Jamb(s)				
Door(s)				
Cabinet(s)				
Lighting				
Other:				

<b>Kitchen/Bathroom Extras – ( Circle Applicable )</b>		<b>Enter Lineal Foot Amount</b>				<b>Countertop Saved? Y / N</b> ↓	
D & R	Range   Fridge   DW   Hood   Garb. D   Sink	Toe K.	Low	Up	FH	Gables	Back Spl.
R & R	Range   Fridge   DW   Hood   Garb. D   Sink	Toe K.	Low	Up	FH	Gables	Back Spl.
D & R	Toilet   Sink   Shower   Tub   M.C.   Surround	Toe K.	Low	Up	FH	Mirror	Back Spl.
R & R	Toilet   Sink   Shower   Tub   M.C.   Surround	Toe K.	Low	Up	FH	Mirror	Back Spl.

**Notes:**

SKETCH

FAIR-LINE

**TYPE OF REQUEST** (circle applicable): Emergency Reconstruction | Separate Content Estimate | Full Service

ADDRESS: 123 Main Street PROFIT & OVERHEAD: 10&5 SUB-TRADE(S) USED: Y / N Type: Plumber  
 CLIENT NAME: Mr. Smith LEVEL/FLOOR: Basement ICC SAMPLE(S): Y / N Type: Carpet, Pad, Laminate  
 INSURANCE COMPANY: Co-operators ATP TESTING: Y / N  
 DATE OF LOSS: August 30, 2018 ASBESTOS SAMPLE(S): Y / N # OF 2

CAUSE/TYPER OF LOSS: Burst Pipe - Ceiling EMERGENCY CALL OUT FEE: Y / N

ROOM: Bedroom & Closet

ROOM: Hallway & Closet

Equipment # of Days	AMs: 3 3	DeHus: 1 3	Other: N/A
Contents	<u>Per Room</u>	Per Hour	Blocking? <u>Y</u> /N
Extraction	% of Room: 100		<u>See Pack Out</u>
Anti-Mic	% of Room: 100	PF? <u>Y</u> /N	+Amount? 25sf
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #
Insulation	Y	Y	.5PF*2 NA
Drywall	Y	Y	PF
Ceiling	Y	Y	25 sqft
Carpet Pad	Y	Y	F
Carpet	Y	N	F
Flooring			
Baseboard	Y	Y	PF
Casing	Y	Y	17*2
Jamb(s)	Y	N	17
Door(s)	N	Y	1+BF
Cabinet(s)	Y	N	3
Lighting	N	Y	1-Ceiling Fan
Other:	Removed Tack strip, built in bookshelf		

Equipment # of Days	AMs: 2 3	DeHus: 1 3	Other: Neg Air 2
Contents	<u>Per Room</u>	Per Hour	Blocking? <u>Y</u> /N
Extraction	% of Room: 75		<u>See Pack Out</u>
Anti-Mic	% of Room: 75	PF? <u>Y</u> /N	+Amount? _____
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #
Insulation	NA		NA
Drywall	Y	Y	4** .75PF
Ceiling	NA		
Carpet Pad	Y	Y	F
Carpet	Y	N	F
Flooring			
Baseboard	Y	Y	PF
Casing	Y	Y	17*3
Jamb(s)	N	N	
Door(s)	N	Y	1
Cabinet(s)	NA		
Lighting	NA		
Other:	Removed Tack Strip 50%		

General Items:

Debris	P/U   TRAILER	<u>DTRUCK</u>	DUMP
EQ Monitor	# of Hours?	4	
EQ Decon.	# of Pieces?	0	
General Floor Protection Amount: 75 Sq Ft General Containment Amount: 120 Posts?(#) 2			
PPE (Suits) Amount: N/A Respirator Amount:			
OTHER: Contain. on stairs for dust control			
<b>CONTENTS PACK OUT/IN</b>			
	# of Crew	# of Hours	After Hours?
Pack Out Hours	3	4	N
Pack In Hours	2	3	N
Boxes	25 count		
Bubble Wrap	130 sq ft		
Stretch Wrap	1 roll count		
On Site Storage	Size: 20 ft	# of Weeks: 4	
Moving Van	Size: -	# of trips: -	
Off Site Storage	SqFt Size: -	# of Weeks: -	
OTHER: Pack out/in on rebuild only, per room on emerg.			

ROOM: Bathroom

ROOM: Kitchen

ROOM: Stairs

Equipment # of Days	AMs: 1 3	DeHus: 0	Other: N/A
Contents	<u>Per Room</u>	Per Hour	Blocking? <u>Y</u> /N
Extraction	% of Room: 100		<u>See Pack Out</u>
Anti-Mic	% of Room: 100	PF? <u>Y</u> /N	+Amount? 8sf
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #
Insulation	Y	Y	.25PF*2 NA
Drywall	Y	Y	PF
Ceiling	Y	Y	8 sqft
Carpet Pad			
Carpet			
Flooring	Y	Y	2*F Note
Baseboard	Y	Y	PF
Casing	Y	Y	17*2
Jamb(s)	Y	N	17
Door(s)	N	Y	1
Cabinet(s)	Y	N	See Extras/Notes
Lighting	NA		
Other:	Detach Bath Fan, Tub out, See Notes		

Equipment # of Days	AMs: 2 3	DeHus: 1 3	Other:
Contents	<u>Per Room</u>	Per Hour	Blocking? <u>Y</u> /N
Extraction	% of Room: 25		<u>See Pack Out</u>
Anti-Mic	% of Room: 25	PF? <u>Y</u> /N	+Amount? _____
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #
Insulation	NA		NA
Drywall	Y	Y	4" x 10
Ceiling	NA		
Carpet Pad			
Carpet			
Flooring	Y	Y	.25F*2 Note
Baseboard	Y	Y	5
Casing	NA		
Jamb(s)	NA		
Door(s)	N	N	
Cabinet(s)	N	N	See Extras/Notes
Lighting	NA		
Other:	NA		

Equipment # of Days	AMs:	DeHus:	Other:
Contents	Per Room	Per Hour	Blocking? Y / N
Extraction	% of Room:		<u>See Pack Out</u>
Anti-Mic	% of Room:	+PF? Y/N	+Amount? _____
	Affected? Y / N / NA	Removed? Y / N / NA	Amount % or #
Insulation			
Drywall			
Ceiling			
Carpet Pad			
Carpet			
Flooring			
Baseboard			
Casing			
Jamb(s)			
Door(s)			
Cabinet(s)			
Lighting			
Other:	Carpet to be replaced on rebuild		

Kitchen/Bathroom Extras - ( Circle Applicable )

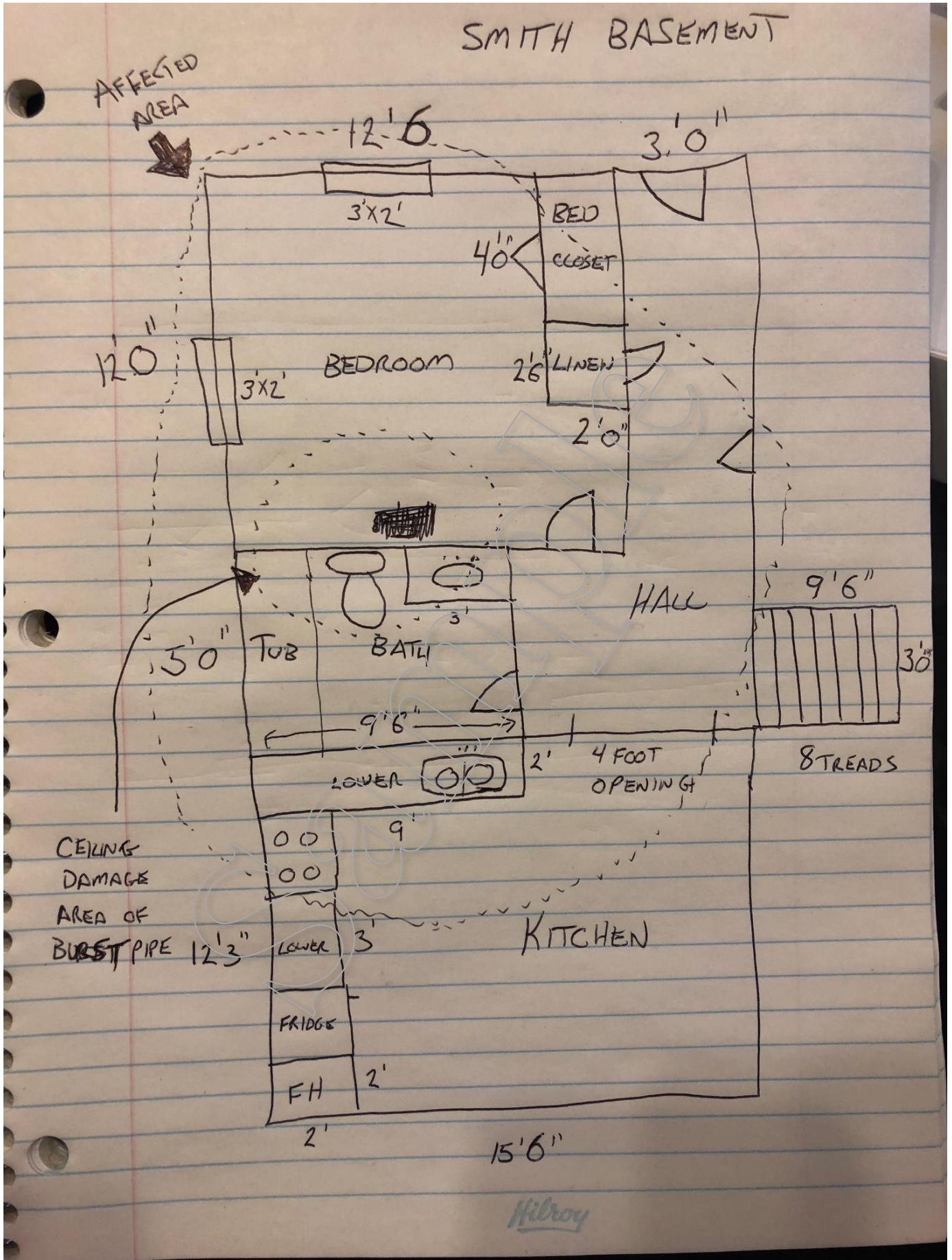
Enter Linear Foot Amount

Countertop Saved? Y / N

D & R	<u>Range</u>   <u>Fridge</u>   DW   Hood   Garb. D   <u>Sink</u>	Toe K.	Low	12	Up	FH	2	Gables	Back Spl.		Y
R & R	Range   Fridge   DW   Hood   Garb. D   Sink	Toe K.	9	Low		Up	FH	Gables	Back Spl.		
D & R	<u>Toilet</u>   <u>Sink</u>   Shower   <u>Tub</u>   M.C.   <u>Surround</u>	Toe K.	Low		Up	FH		Mirror	Back Spl.		
R & R	Toilet   Sink   Shower   Tub   M.C.   Surround	Toe K.	3	Low	3	Up	FH	Mirror	Back Spl.		Y

**Notes:** 2 Layers of flooring in bath & kitchen to come out, Lino & Laminate. Bath Vanity Damaged, replace on rebuild. Kitchen cabinets D&R on rebuild, flooring goes under. Tile Surround in bath to be replaced as will be damaged when tub comes out to access insulation behind. All ceiling are popcorn texture.

Sample Sketch:



# Email Example:

