FAIR-LINE

Evaluation & Consultation

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 <u>ENTIRELY</u>**.
   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.
   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

ADDRESS: CAUSE/TYPE LOSS:

CLIENT NAME: ASBESTOS SAMPLE(S):   Y / N   # OF

INSURANCE COMPANY: ICC SAMPLE(S):   Y / N   # OF

DATE OF LOSS: SUB-TRADE(S) USED: Y / N   TYPE:

LEVEL / FLOOR: PROFIT & OVERHEAD:

ITEM	LOCATION(S) (BDM / LVG / BTH / KIT / HALL / DIN / REC / FAM) / AMOUNTS(S) % / ROOM	AIR MOVERS ## OF ## OF DAYS	SAMPLES TAKEN (CIRCLE APPLICABLE)
EXTRACTION			PAD / CARPET VINYL / HARDWOOD BASEBOARD / CASING TOE KICK / PAINT OTHER
ANTI-MICROBIAL		DEHUS	
CONTENT MANIP.			

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

NOTES:

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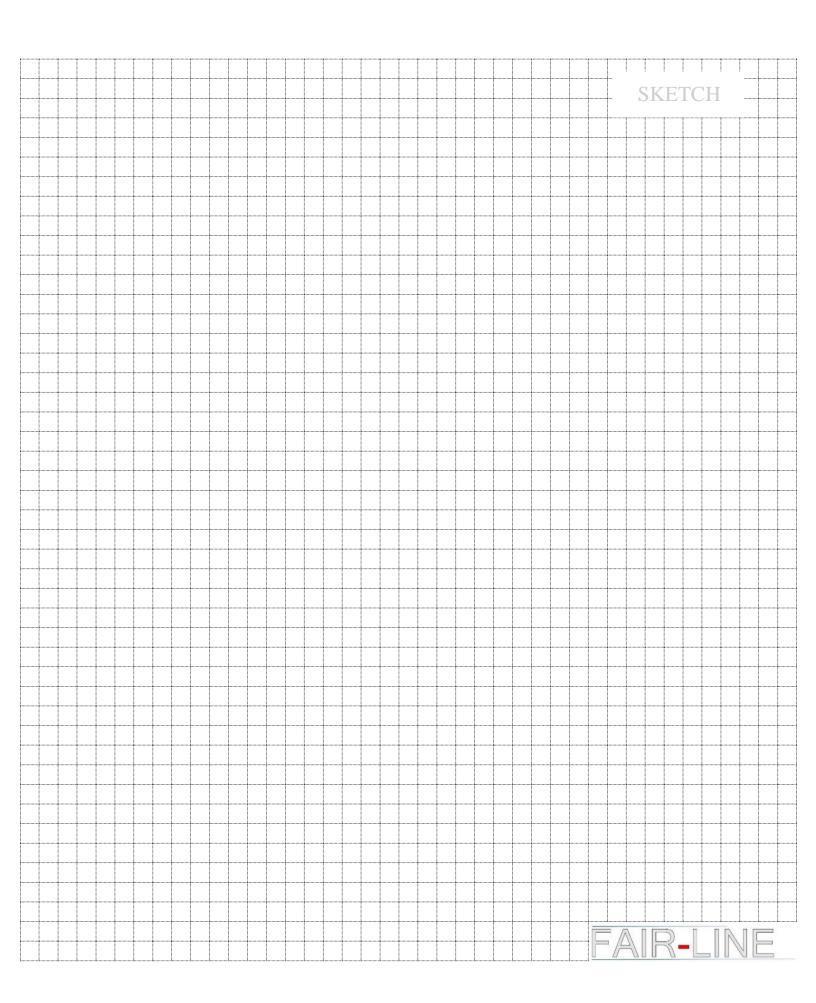ADDRESS: CAUSE/TYPE LOSS: RECONSTRUCTION

CLIENT NAME: ASBESTOS SAMPLE(S):   Y / N   # OF

INSURANCE COMPANY: ICC SAMPLE(S):   Y / N   # OF

DATE OF LOSS: SUB-TRADE(S) USED: Y / N   TYPE:

LEVEL / FLOOR: PROFIT & OVERHEAD:

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

ROOM:

	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)				
Other				

NOTES:

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ADDRESS: 123 Main Street

CLIENT NAME: John Doe

INSURNACE COMPANY: General Insurance Company

DATE OF LOSS: June 3 , 2016

LEVEL / FLOOR: Basement

CAUSE/TYPE LOSS: Water / Toilet Overflow

ASBESTOS SAMPLE(S): Y/ N # OF 2

ICC SAMPLE(S): Y/ N # OF carpet pad and carpet

SUB-TRADE(S) USED: Y/ N TYPE: Plumber

ITEM	LOCATION(S) (BDM / LVG / BTH / KIT / HALL / DIN / REC / FAM) / AMOUNTS(S) % / ROOM	AIR MOVERS # OF	# OF DAYS	SAMPLES TAKEN (CIRCLE APPLICABLE)
EXTRACTION	Bath 100%, hall 50%, bedroom 75%, storage 30%	5	3	(PAD) / (CARPET)
ANTI-MICROBIAL	Same as above + 2 feet up walls where drywall removed in bedroom	DEHUS		(VINYL) HARDWOOD (BASEBOARD) (CASING)
CONTENT MANIP.	Contents moved out in bedroom and in closet.	1	3	TOE KICK / PAINT OTHER

ROOM: Bathroom

	Affected? Y / N /NA	Removed? Y / N / NA	Amount % or #	After Hours?
Insulation	-	-		
Drywall	y	y	8'x2	n
Ceiling	-	-		
Carpet Pad	-	-		
Carpet	-	-		
Flooring	y	y	all	n
Baseboard	y	y	all	y
Casing	y	y	21'v	n
Jamb(s)	y	n	21'	
Door(s)	-	-		
Cabinet(s)	Y	n	3 ft	
Other	Toe kick and gable end affected			

ROOM: Hallway

	Affected? Y / N /NA	Removed? Y / N /NA	Amount % or #	After Hours?
Insulation	-			
Drywall	y	y	6'x2	y
Ceiling	-	-		
Carpet Pad	y	y	100%	y
Carpet	y	y	100%	y
Flooring	-	-		
Baseboard	y	y	50%	y
Casing	y	y	42'	n
Jamb(s)	y	n	42 ft	
Door(s)	-	-	-	
Cabinet(s)	NA			
Other				

ROOM: Bedroom

	Affected? Y / N /NA	Removed? Y / N /NA	Amount % or #	After Hours?
Insulation	y	y	10'	n
Drywall	y	y	15'x4	y
Ceiling	-	-		
Carpet Pad	y	y	100%	y
Carpet	y	y	100%	y
Flooring	-	-		
Baseboard	y	y	30ft	y
Casing	y	y	42'	n
Jamb(s)	y	n	42'	
Door(s)	y	n	bifold	y
Cabinet(s)	NA			
Other				

ROOM: Storage

	Affected? Y / N /NA	Removed? Y / N /NA	Amount % or #	After Hours?
Insulation	y	y	3'	y
Drywall	y	y	3'x2	y
Ceiling	-			
Carpet Pad	-			
Carpet	-			
Flooring	-			
Baseboard	-			
Casing	-			
Jamb(s)	y	n	21'	n
Door(s)	-			
Cabinet(s)	-			
Other	Drywall is fire taped only.			

ROOM: Stairs

	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)				
Other	Floor protection added during emerg.			

ROOM:

	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)				
Other				

NOTES:

Furnace clean needed. Double layer lino in bathroom.

Plumber called to remove toilet, Invoice in photos.

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Email Example:

123 Main Street - John Doe - File # 6789-EMG - Message (HTML)

File | Message | Insert | Options | Format Text | Review | Tell me what you want to do

Paste | Calibri (Boc) | 11 | A⁺ A⁻ | Address Book | Check Names | Attach File | Attach Item | Signature | Follow Up | High Importance | Low Importance

Clipboard | Basic Text | Names | Include | Tags

To... ▪ info@fairlineinc.ca

Cc...

Send

Subject 123 Main Street - John Doe - File # 6789-EMG

Hello Fair-Line,

Please see the attached Sketch and Scope for the above loss. If you have any questions please don't hesitate to contact me.
Details below:
Xact ID: billsmith@bestcontractor.com
Xact Password: Password1
Insurance Company: General Insurance Company
Adjuster: Joe Campbell
Claim#: P130938-45
Required both Emergency and Reconstruction Estimates
Plumbing Invoice attached for Emergency Portion of Claim.
I will add ICC and Plumbing Invoices for rebuild to your Xactimate Estimate once I receive them.

Thanks

Bill Smith
Best Contractor Inc.
1-800-555-BEST