SidingMatch.com 310 North Michigan St. 888-936-8424 Office 888-936-5313 Fax SidingMatch.com Submission FORM

PLEASE PROVIDE YOUR INFORMATION BELOW – ALL GRAY AREAS ARE REQUIRED

Suite 200 Plymouth IN 46563 Tax ID # 35-2120162

Required informa Claim # or Job #	tion:	Insured's or Homeowners LAST NAME:			
Zip Code of sidir	ng damaged house	EAGT WAILE			
(For CLOSEST siding distributor location):					
Billing address:	(delivery of report and invo	oice here)			
Company	(2000)	Contact			
Address:		City/State/Zip			
Office Phone		Cell Phone			
E-Mail Address		Office Fax			
	da	anal conv of roport o	only here		
Name E-Mail Address	tion: (delivery of an <u>addition</u> d Damage Info: (Check bo	Phone	my nere ,		
Name E-Mail Address Siding Amounts An	d Damage Info: (Check bo	Phone Fax x for correct field)		□ Hardboard	□ Cement
Name E-Mail Address Siding Amounts An Check One: Is You	d Damage Info: (Check bo	Phone Fax x for correct field)	Steel 3	☐ Hardboard Or More	Cement
Name E-Mail Address Siding Amounts An Check One: Is You Number Of Damage	d Damage Info: (Check bo r Sample:	Phone Fax x for correct field)	☐ Steel		☐ Cement
Name E-Mail Address Siding Amounts An Check One: Is You Number Of Damag Number Of Undam	d Damage Info: (Check bo r Sample:	Phone Fax x for correct field) Aluminum 1	Steel 3	Or More Or More	eet**

SidingMatch is a siding identification and product locator service. We identify and suggest the most similar siding from current manufacturers or locate remaining stock of a discontinued siding. SidingMatch makes no representation as to existing warranties which may apply to any products described in this report, nor does it make any representation as to the application of any insurance polices or coverages. SidingMatch makes no representation as to the quality or fitness of suggested siding repair materials. Liability limited to the return of fees collected.

IF SAMPLE IS NOT FULL HEIGHT OR MELTED / DAMAGED PLEASE CHECK THE PROFILE THAT MATCHES YOUR SIDING:

DOUBLE: ☐ 3 ³ ⁄ ₄ " ☐ 4" ☐ 4 ¹ ⁄ ₂ " ☐ 5" ☐ 6"	SHAKE AND SHINGLE: Shake (Rough) Shingle (Smooth) Shingle (Rough Sawn) Shingle (Scallop)	BOARD & BATTEN (Measure Center To Center Of Batten): B & B 6" B & B 7" B & B 8" B & B 10" B & B 12"
SINGLE: ☐ 6.25" ☐ 7" ☐ 7.5" ☐ 8"	BEADED: Beaded 6" Beaded 6.5" Beaded 7" Beaded 7.5" Beaded 8"	VERTICAL (Measure V Groove To V Groove): Vertical 3 3/4" Vertical 4" Vertical 5" Vertical 6" Vertical 8" Vertical 10" Vertical 12"
TRIPLE & QUAD: Triple 2.33 Triple 3" Triple 3.33" Quad 4" Quad 4" Quad 4" Dutch Lap	DUTCHLAP: required cove measurement Double 3 3/4" Double 4" Double 4 1/2" Double 5" Cove Measurement: Check SM website for detailed cove measurement instructions.	This is the cove area to measure.
If you have additional information	on you would like to share, include	it here:

A <u>FULL HEIGHT</u> SAMPLE SHOULD BE ENCLOSED WITH THIS FORM! (6 TO 8 INCHES ALONG BOTTOM)

(SidingMatch **DOES NOT** require a 3 foot sample)

Referral Process:

- 1. Secure sample and write the claim number and insured's last name on the back-side of the sample (permanent marker please)
- 2. Send **sample** and **form together** to SidingMatch.com via the carrier of your choice to the address on page one of this form. **Payment must be sent with sample if you are a homeowner or a contractor first time user.**
- 3. Any questions call SidingMatch.com at 888-936-8424 to speak a customer service representative.
- 4. You will receive an e-mail confirmation on the date we that we received your siding sample.
- 5. Your full siding report will be delivered by e-mail. Similar siding video e-mail and siding sample rental available from SidingMatch.

"Thank you for your business."

