

itel Test Request Form

Insurance Carrier (All fields REQUIRED on insurance claims.)

Insurance _____

Carrier: Claim _____

Office: Staff _____

Adjuster: Phone: _____

E-Mail: _____

Fax: _____

Independent Adjuster

Adjusting Firm: _____

Adjuster: _____

Phone: _____

E-mail: _____

Fax: _____

Today's Date: _____

Loss Date: _____

Bill To

☐ Insurance Co. ☐ Third Party

☐ Independent Adjuster

(Reports will be sent to all listed parties)

Form Completed By:

☐ Insurance Co. ☐ Third Party

☐ Independent Adjuster

☐ Other (List): _____

EXPRESS

Same-day service

Available for carpet padding, and asphalt roofing tests for an additional charge.

If not checked, your report will be sent the next business day after the sample is received at itel.

Third Party (Vendor, store, contractor, etc.)

Company: _____

Contact: _____

Phone: E- _____

mail: Fax: _____

Loss Information (* INDICATES A REQUIRED FIELD. If NOT an insurance claim, list the customer's information.)

Insurance Claim Number*: _____

Insured Name*: _____

City, State, and Zip Code

of Loss Location*:

(Include Province and Postal Code for Canada)

Vendor Job Number: _____

Sample Color: _____

Name of Damaged Area: _____

Area of Loss (Size): _____ ☐ Sq. Ft. ☐ Squares

Cat Code: _____

Claim Type: ☐ Cat ☐ Water ☐ Fire ☐ Wind ☐ Hail ☐ OtherPolicy Type: ☐ Residential / Personal ☐ Commercial

Comments (Brand, description of sample, etc.): _____

Flooring

☐ Carpet ☐ Vinyl Sheet☐ Vinyl – Luxury Vinyl Plank (LVP)☐ Laminate☐ Wood ☐ Add Match Report

For potential wood or laminate repairs; send full width sample that includes lock. Add'l charge.

☐ Ceramic/Stone Floor or Wall Tile

Color variation among tiles:

☐ None ☐ Some ☐ Significant

Full Tile Size: _____" x _____"

☐ Flooring Pad / Underlayment

Pad analysis included in the flooring test price.

Siding and Roofing

☐ Siding If known: Year Installed: _____☐ Roofing or Year Built: _____

Number of Shingles Damaged*: _____

*Required for Discontinued Shingle Location upgrade; call Customer Experience for details.

Other Analysis

☐ Asbestos

Check to add asbestos analysis. Three samples taken from random areas of the material are required for vinyl tile.

☐ Other Material (specify type): _____

Don't know where to turn? ITel can perform a custom analysis for you. Contact Customer Experience for details.

Sample Requirements

1. Send the **cleanest, least damaged sample possible**.

2. Include one form for **each** flooring, roofing, or siding sample. Note pad on the same form as the corresponding flooring sample.

3. **Carpet:** 10" x 10"; pad 6" x 6".4. **Sheet / tile vinyl:** 2" x 2" or larger.5. **Laminate, wood, and vinyl plank:** full width including lock and 10" of length.6. **Tile / stone:** 6" x 6", or full tile if smaller.

7. **Siding:** 1 foot section that includes the full height from nail hem to bottom buttedge. Also include the manufacturer number or codes and weep hole if available.

8. **Roofing:** Send full shingle or tile. Roll or fold shingle if it is too large to fit in a shipping bag.

9. **Other Material:** Contact itel for details.