



Professional Association  
Founded 1963

[www.kubickidraper.com](http://www.kubickidraper.com)

Representation Throughout the State of Florida  
and the Southern Parts of Georgia, Alabama and Mississippi

## Initial Claim Investigation Checklist

Insured Name: \_\_\_\_\_

Insured Representative Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

## Roof

Damaged?

Yes

No

Roof type:

*flat*

*barrel*

*shingle*

other: \_\_\_\_\_

Broken tile



Location: \_\_\_\_\_

Lifted/damaged  
shingles



Location: \_\_\_\_\_

Prior repairs



Location: \_\_\_\_\_

Ponding



Location: \_\_\_\_\_

Roof stack and/or  
flashing



Location: \_\_\_\_\_

Ridge cap



Location: \_\_\_\_\_

Attic access



Notes:

\_\_\_\_\_

\_\_\_\_\_



# Kitchen

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| Damaged?                           | Yes                      | No                       | Notes  |
|------------------------------------|--------------------------|--------------------------|--------|
| Drywall                            | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Baseboards                         | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Ceiling                            | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Upper cabinetry                    | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Lower cabinetry                    | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Floor                              | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Does flooring run under cabinetry? | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Plumbing                           | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Electrical                         | <input type="checkbox"/> | <input type="checkbox"/> |        |
| <b>Cabinet material</b>            | <i>Laminate</i>          | <i>Wood</i>              | Other: |
| <b>Countertop material</b>         | <i>Tile</i>              | <i>Granite/Stone</i>     | Other: |
| <b>Floor material</b>              | <i>Wood</i>              | <i>Tile</i>              | Other: |

Notes:

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Insured / Representative Initials:



# Bedroom

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| Damaged?              | Yes                      | No                       | Notes       |               |                       |
|-----------------------|--------------------------|--------------------------|-------------|---------------|-----------------------|
| Drywall               | <input type="checkbox"/> | <input type="checkbox"/> |             |               |                       |
| Baseboards            | <input type="checkbox"/> | <input type="checkbox"/> |             |               |                       |
| Ceiling               | <input type="checkbox"/> | <input type="checkbox"/> |             |               |                       |
| Floor                 | <input type="checkbox"/> | <input type="checkbox"/> |             |               |                       |
| Closet                | <input type="checkbox"/> | <input type="checkbox"/> |             |               |                       |
| <b>Floor Material</b> | <i>Laminate</i>          | <i>Wood</i>              | <i>Tile</i> | <i>Carpet</i> | Other:<br>Continuous? |

Notes:

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# Bathroom

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| Damaged?                | Yes                      | No                       | Notes  |
|-------------------------|--------------------------|--------------------------|--------|
| Drywall                 | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Baseboards              | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Ceiling                 | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Vanity                  | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Shower Tile             | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Floor                   | <input type="checkbox"/> | <input type="checkbox"/> |        |
| <b>Plumbing</b>         | <input type="checkbox"/> | <input type="checkbox"/> |        |
| <b>Continuous tile?</b> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| <b>walls/floor</b>      |                          |                          |        |
| <b>Floor material</b>   | <i>Laminate</i>          | <i>Tile</i>              | Other: |

Notes:

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# Living Room

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| Damaged?              | Yes                      | No                       | Notes       |               |               |
|-----------------------|--------------------------|--------------------------|-------------|---------------|---------------|
| Drywall               | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Baseboards            | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Ceiling               | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Floor                 | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Electrical            | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| <b>Floor Material</b> | <i>Laminate</i>          | <i>Wood</i>              | <i>Tile</i> | <i>Carpet</i> | <i>Other:</i> |

Notes:

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# Dining Room

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| Damaged?              | Yes                      | No                       | Notes       |               |               |
|-----------------------|--------------------------|--------------------------|-------------|---------------|---------------|
| Drywall               | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Baseboards            | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Ceiling               | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Floor                 | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| Electrical            | <input type="checkbox"/> | <input type="checkbox"/> |             |               |               |
| <b>Floor Material</b> | <i>Laminate</i>          | <i>Wood</i>              | <i>Tile</i> | <i>Carpet</i> | <i>Other:</i> |

Notes:

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# Hallway

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| Damaged?              | Yes                      | No                       | Notes                                   |
|-----------------------|--------------------------|--------------------------|---|
| Drywall               | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Baseboards            | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Ceiling               | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Floor                 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Electrical            | <input type="checkbox"/> | <input type="checkbox"/> |   |
| <b>Floor Material</b> | <i>Laminate</i>          | <i>Wood</i>              | <i>Tile</i> <i>Carpet</i> <i>Other:</i> |

Notes:

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# Other Rooms

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AC \_\_\_\_\_

Garage \_\_\_\_\_

Laundry \_\_\_\_\_

Family/Florida Room \_\_\_\_\_

Office \_\_\_\_\_

