

ADDITIONAL WINDOW FORM

WINDOW #

WHAT SERIES IS THIS WINDSOR WINDOW?

- PINNACLE CASEMENTS PINNACLE DOUBLE HUNG
 LEGEND CASEMENTS LEGEND DOUBLE HUNG UNKNOWN

WHAT YEAR WAS THIS WINDSOR WINDOW MANUFACTURED?

WHAT IS THE WIDTH OF THE WINDOW'S VISIBLE GLASS? (E.G., 024 & 3/16 INCHES)

& / INCHES

WHAT IS THE HEIGHT OF THE WINDOW'S VISIBLE GLASS? (E.G., 036 & 1/2 INCHES)

& / INCHES

WHEN WAS THE CLAIMED DAMAGE FIRST NOTICED?

(MM-DD-YYYY) - -

(Please estimate to the best of your knowledge)

WHAT TYPE OF DAMAGE IS BEING CLAIMED? PLEASE CHECK ALL THAT APPLY.

- DAMAGE TO SASH ADDITIONAL DAMAGE
 DAMAGE TO WINDOW FRAME PRIOR REPAIRS

IF YOU ARE CLAIMING DAMAGE TO A WINDOW FRAME, PLEASE CHOOSE ONE OF THE FOLLOWING BENEFITS. A REPLACEMENT WINDOW IS ONLY AN OPTION IF YOUR WINDOW IS STILL UNDER WARRANTY. IF YOU CHOOSE A REPLACEMENT WINDOW, PLEASE PROVIDE THE WIDTH AND HEIGHT OF THE VISIBLE GLASS ABOVE:

CASH:

REPLACEMENT WINDOW (if original window is under warranty):

DID YOU REPLACE OR DO YOU NEED TO REPLACE THE WINDOW FRAME? YES NO

IF YES, WAS/IS REPLACEMENT NECESSARY TO REMEDIATE WATER DAMAGE TO PROPERTY SURROUNDING THE WINDOW AND/OR TO PREVENT FURTHER SUCH DAMAGE?

YES NO

IF YOU ARE CLAIMING ADDITIONAL DAMAGE THAT HAS NOT YET BEEN REPAIRED, STATE THE AMOUNT OF YOUR BONA FIDE ESTIMATE YOU ARE REQUESTING:

\$.

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IF YOU ARE CLAIMING PAST REPAIRS, PLEASE CHECK ALL THAT APPLY AND FILL IN ACTUAL REPAIR COSTS:

<u>TYPE OF DAMAGE</u>	<u>COSTS*</u>
<input type="checkbox"/> COST OF SASH	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> COST OF WINDOW FRAME	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> COST OF FINISHING	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> COST OF INSTALLING WINDOW	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ADDITIONAL DAMAGE	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Repair Costs for <u>This</u> Window:	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>