

Lawn Service Business Estimate

Form for Insurance

Policy Holder Information

- Insured Name: _____
- Insurance Policy Number: _____
- Claim Reference Number: _____
- Contact Information: _____

Damage Assessment

- Type of Damage: _____
- Area Affected: _____
- Insurance Coverage Details: _____

Repair and Maintenance Estimate

Task Description	Labor Hours	Hourly Rate	Materials Cost	Total Cost
Total Estimate:				

Insurance Agent Notes

- Agent Name: _____
- Approval Date: _____