

**EMERGENCY / TEMPORARY WORK REPAIR SUMMARY**

Company Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Type of Loss: \_\_\_\_\_

Address to be Repaired: \_\_\_\_\_

Type of Repairs Needed: \_\_\_\_\_

Address Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Day Contact Made: \_\_\_\_\_

Name of Repair Company: \_\_\_\_\_

Address of Repair Company: \_\_\_\_\_

Phone Number of Repair Company: \_\_\_\_\_

Name of Person Doing Repairs: \_\_\_\_\_

Date of Repairs: \_\_\_\_\_ Time of Repairs: \_\_\_\_\_

Summary of Repairs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temporary / Emergency Repair Total: \_\_\_\_\_

\_\_\_\_\_  
Signature of Repair Person

\_\_\_\_\_  
Date