



INSURED : WILLARD FARR
 LOCATION : 2094 MOUNT TABOR CHURCH RD
 : JONESVILLE, SC 29353-3218
 COMPANY : SC Farm Bureau
 : 45 Aaron Tippin Dr.
 : Greer, SC 29651

DATE OF REPORT : 05/23/2019
 DATE OF LOSS : 04/14/2019
 POLICY NUMBER : HO 236786
 CLAIM NUMBER : 39P00944191
 OUR FILE NUMBER : 39P00944191
 ADJUSTER NAME : Angelus Hill

STATEMENT OF LOSS CLAIM RECAPITULATION

Policy Information

Policy Type: HOMEOWNERS
Policy Number: HO 236786
Policy Term: 01/03/2019 to 01/03/2020

Coverage A - Building

Coverage Amount: \$196,000.00
Coverage Deductible: \$500.00
R/C Status: YES

| | | |
|--------------------------|------------------|------------|
| Estimate of Loss: | R.C.V.: | \$6,373.62 |
| | Depreciation*: | \$1,132.95 |
| | A.C.V.: | \$5,240.67 |
| | Less Deductible: | \$500.00 |
| | Claim Payable: | \$4,740.67 |

| | | |
|-----------------------|------------------|------------|
| *Depreciation: | Recoverable: | \$1,132.95 |
| | Non-recoverable: | \$0.00 |

Statement of Loss Summary

| | | |
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South Carolina Farm Bureau Mutual Insurance Company

Post Office Box 2124
West Columbia SC 29171-2124
Toll-Free: 1.800.799.7500
www.scfbins.com

STATEMENT AS TO FULL COST OF REPAIR OR REPLACEMENT UNDER THE REPLACEMENT COST SUBJECT TO THE TERMS AND CONDITIONS OF THIS POLICY

INSURED: WILLARD FARR

CLAIM NO.: 39P00944191

POLICY NO.: HO 236786

POLICY FORM: HO-9 HO-3 DF-3 ENDORSEMENT: HO-290

POLICY INCLUDES PERSONAL PROPERTY REPLACEMENT COVERAGE Yes No

DATE OF LOSS: 04/14/2019

CAUSE OF LOSS: _____

COVERAGE A: \$196,000.00

COVERAGE B: \$0.00 COVERAGE C: \$0.00

DEAR POLICY HOLDER:

One of the most important provisions of your insurance policy is REPLACEMENT COST COVERAGE. This REPLACEMENT COST applies to your dwelling, other structures that are buildings and depending on the policy form you choose, may also apply to your personal property. This coverage provides for the full cost of repairs to or replacement of your damaged property without deduction for depreciation. The repairs must be completed with like and quality of material before the full cost is payable.

Our claims adjuster has made an evaluation of your claim based on the actual cost to make repair to or replacement your damaged property without deduction for depreciation. The repairs must be completed with like kind and quality of material before the full cost is payable.

Our claims adjuster has made an evaluation of your claim based on the actual cost to make repair to or replacement your damaged property. After the damaged property has been repaired or replaced, we will pay you either the amount of recoverable depreciation (line 3 amount) or the amount actually spent to repair or replace your property in excess of the actual cash value of the loss (line 4 amount), whichever is less.

The total of our original payment plus our payment of the additional claim amount will equal the total cost of the repairs to your damaged property less your policy deductible amount.

| | |
|--|-------------------|
| 1. THE FULL COST OF REPAIR OR REPLACEMENT IS: | \$6,373.62 |
| 2. LESS NON - RECOVERABLE DEPRECIATION: | \$0.00 |
| 3. LESS RECOVERABLE DEPRECIATION: | \$1,132.95 |
| 4. ACTUAL CASH VALUE OF THE LOSS IS (LINE 1 MINUS 4 MINUS 5) | \$5,240.67 |
| 5. LESS DEDUCTIBLE: | \$500.00 |
| 6. ACTUAL CASH VALUE CLAIM IS (LINE 4 MINUS LINE 5) | \$4,740.67 |
| 7. (RECOVERABLE DEPRECIATION) | |

ADDITIONAL CLAIM, TO BE FILED IN ACCORDANCE WITH THE
TERMS AND CONDITIONS OF THE REPLACEMENT COST
COVERAGE WILL NOT EXCEED:

\$1,132.95

REQUEST FOR PAYMENT OF ADDITIONAL CLAIM AMOUNT AS INDICATED ON LINE 7 MUST BE ACCOMPANIED BY PAID BILLS, RECEIPTS, AND / OR CANCELLED CHECKS.

YOUR SIGNATURE BELOW IS YOUR AFFIDAVIT THAT THE WORK AS SPECIFIED IN THE ESTIMATE OR REPAIR OR REPLACEMENT HAS BEEN COMPLETED.

INSURED SIGNATURE

DATE



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Estimate Section: Roof

Custom -- Eagleview: 27.06 SQ

Total Squares: 31.12 SQ (27.06 with 15.00% waste)

| Quantity | Description | Unit Cost | RCV | DEP (Materials) | ACV |
|------------------------|---|-----------|-------------------|-------------------|-------------------|
| 27.1 SQ | Remove Asphalt-Fiberglass Composition Shingles with Felt | \$35.00 | \$948.50 | | \$948.50 |
| 31.2 SQ | Replace Asphalt-Fiberglass Composition Shingles with Felt 40% depreciation taken off materials | \$135.00 | \$4,212.00 | \$1,033.47 | \$3,178.53 |
| 273.0 LF | Replace Aluminum Drip Edge | \$1.79 | \$488.67 | | \$488.67 |
| 36.0 LF | Remove and Replace Aluminum Step Flashing | \$1.93 | \$69.48 | | \$69.48 |
| 1.0 EA | Chimney Flashing Kit | \$150.00 | \$150.00 | \$15.56 | \$134.44 |
| 4.0 EA | Remove and Replace Vent Pipe Flash Cone | \$25.00 | \$100.00 | \$19.79 | \$80.21 |
| Totals For Roof | | | \$5,968.65 | \$1,068.82 | \$4,899.83 |

Estimate Section: Utility Room

Utility Room 13' x 9' x 8'
 Offset 7' 3.0" x 5' x 8'

Lower Perimeter: 58.50 LF Floor SF: 153.30 SF Wall SF: 468.00 SF
 Upper Perimeter: 58.50 LF Floor SY: 17.03 SY Ceiling SF: 153.30 SF

| Quantity | Description | Unit Cost | RCV | DEP (Materials) | ACV |
|--------------------------------|----------------------------------|-----------|-----------------|-----------------|-----------------|
| 153.3 SF | Popcorn / Blown Texture Ceiling | \$0.32 | \$49.06 | | \$49.06 |
| 153.3 SF | Scrape and Spray Texture Ceiling | \$0.98 | \$150.23 | | \$150.23 |
| 153.3 SF | Cover and Protect Floors | \$0.22 | \$33.73 | | \$33.73 |
| Totals For Utility Room | | | \$233.02 | \$0.00 | \$233.02 |

| | | | | |
|------------------------------|--|-------------------|-------------------|-------------------|
| Repair Item Totals | | \$6,201.67 | \$1,068.82 | \$5,132.85 |
| Applicable Sales Tax | | \$171.95 | \$64.13 | \$107.82 |
| Estimate Grand Totals | | \$6,373.62 | \$1,132.95 | \$5,240.67 |
| Policy Deductible | | (\$500.00) | | (\$500.00) |
| BUILDING FINAL TOTALS | | \$5,873.62 | | \$4,740.67 |
| Recoverable Depreciation | | | \$1,132.95 | |
| Non-Recoverable Depreciation | | | | |

*** This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier. ***



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ESTIMATE TOTALS

| ESTIMATE TOTAL PAGE ITEMS | RCV | DIFF | ACV |
|--|-------------------|-------------------|-------------------|
| Repair Item Totals | \$6,201.67 | \$1,068.82 | \$5,132.85 |
| Applicable Sales Tax Rate: 6.0000% (Includes M,E) | \$171.95 | \$64.13 | \$107.82 |
| Estimate Grand Totals | \$6,373.62 | \$1,132.95 | \$5,240.67 |
| Less Deductible | (\$500.00) | | (\$500.00) |
| BUILDING FINAL TOTALS | \$5,873.62 | \$1,132.95 | \$4,740.67 |

| | |
|-------------------------------------|-------------------|
| RECOVERABLE DEPRECIATION * | \$1,132.95 |
| NON-RECOVERABLE DEPRECIATION | \$0.00 |

*This amount represents the total recoverable depreciation for this estimate. Any payable recoverable depreciation is subject to policy coverage limit. Please check policy coverage limit prior to issuing any recoverable depreciation reimbursements.
 Sales Tax Legend: M - Materials, E - Equipment

Notice:

Please read this notice carefully. It contains important information about your claim and this estimate:

South Carolina Farm Bureau Mutual Insurance Company (Mutual) or Palmetto Casualty Insurance Company (Palmetto) has prepared this itemized estimate to repair the covered damage to your property. If you have hired a person to make repairs and that person has questions concerning this estimate, you or the person you have hired to make the repairs should contact your adjuster promptly.

Depending upon the complexity of your repairs, this estimate may or may not include an allowance for general contractor's overhead and profit. If you have any questions regarding general contractor's overhead and profit, please contact your adjuster before proceeding with repairs.

Any person you have hired to make repairs is hired by you and works for you - not (Mutual) or (Palmetto). (Mutual) or (Palmetto) does not guarantee the quality or the workmanship of any person you have hired, and does not guarantee that the repairs will be accomplished within any specific time frame.

*** *This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier.* ***