



6745 Philips Ind. Blvd.  
 Jacksonville, FL 32256  
 800-890-ITEL (4835)  
 itelinfo@itelinc.com  
 www.itelinc.com

# Test Request Form

**Cat Code:** \_\_\_\_\_

**EXPRESS**  
**SAME-DAY SERVICE**

Available on carpet, pad, vinyl, wood, and laminate tests for an additional charge.

If not checked, your report will be sent the next business day after the sample is received at ITEL.

## Insurance Carrier

(All fields REQUIRED if sample is for an insurance claim)

Insurance Carrier: \_\_\_\_\_  
 Claim Office: \_\_\_\_\_  
 Staff Adjuster: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Loss Date: \_\_\_\_\_

## Bill To

Insurance     Third Party     Independent Adjuster  
 (Reports will be sent to all listed parties)

## Form Completed By

Insurance     Third Party     Independent Adjuster  
 Other (List): \_\_\_\_\_

## Independent Adjuster

Adjusting Firm: \_\_\_\_\_  
 Adjuster: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_

## Third Party (Vendor, store, contractor, etc.)

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_

## Loss Information (\* INDICATES A REQUIRED FIELD. If NOT an insurance claim, list the customer's information)

Insurance Claim Number\*: \_\_\_\_\_    Vendor Job Number: \_\_\_\_\_  
 Insured Name\*: \_\_\_\_\_    Sample Color: \_\_\_\_\_  
 City, State, and Zip Code of Loss Location\*: \_\_\_\_\_  
 (Include Province and Postal Code for Canada)    Name of Area Damaged: \_\_\_\_\_  
 Area of Loss (size): \_\_\_\_\_  Sq. Ft.     Squares  
 Policy Type:  Residential / Personal     Commercial  
 Claim Type:  Cat     Water     Fire    Comments (Brand, description of sample, etc.): \_\_\_\_\_  
 Wind     Hail     Other

## Material Pricing

Carpet     Vinyl Sheet/Tile  
 Laminate     Wood Flooring  
 Ceramic/Stone Floor or Wall Tile  
 Color variation among tiles:  
 None     Some     Significant  
 Full tile or plank size: \_\_\_\_\_" x \_\_\_\_\_"  
 **Flooring Pad or Underlayment**  
*Pad analysis included in the flooring test price.*

## Material Matching

Siding  
 Roofing  
 If known: Year Installed: \_\_\_\_\_  
 or Year Home Built: \_\_\_\_\_

## Asbestos Testing

Check this box for asbestos analysis on the submitted sample. For vinyl tile, **three samples taken from random areas of the floor are required.**

## Sample Requirements

1. Send the **cleanest, least damaged sample possible.**
2. Include one form for **each** flooring, roofing, or siding sample. Note pad on the same form as the corresponding sample.
3. **Carpet:** 10" x 10"; pad 6" x 6".
4. **Sheet / tile vinyl:** at least 2" x 6".
5. **Laminate, wood, and vinyl plank:** full width and 10" of length.
6. **Tile and stone:** 6" x 6", or full tile if smaller.
7. **Siding:** 1 foot section that includes the manufacturer number or codes and weep hole if available. Include full height from nail hem to bottom butt edge.
8. **Roofing:** Send full shingle or tile. Roll or fold shingle if too large to fit in a shipping bag or box.