

# A1 HOME SERVICES LLC

NC · VA · MD · Storm restoration specialists

A letter and line-item table you can use to formally request additional payment on a roof claim the adjuster underestimated.

**TO:** Claims Adjuster / Claims Department  
**FROM:** Homeowner (your name)  
**RE:** Supplemental claim request — Claim No.: \_\_\_\_\_  
**DATE:** Date: \_\_\_\_\_

I am writing to request a supplemental payment on the above-referenced claim. After reviewing the original scope of work with a licensed roofing contractor, we have identified line items that were not included in the initial estimate.

Please find below a detailed list of items, quantities, and current pricing that should be added to the approved scope. Supporting documentation — including photographs and measurement worksheets — is attached to this letter.

## SUPPLEMENTAL LINE ITEMS

| #  | Description                              | Quantity | Unit price | Total    |
|----|------------------------------------------|----------|------------|----------|
| 1  | Drip edge — eaves                        | _____ LF | \$ _____   | \$ _____ |
| 2  | Drip edge — rakes                        | _____ LF | \$ _____   | \$ _____ |
| 3  | Ice and water shield — valleys           | _____ SQ | \$ _____   | \$ _____ |
| 4  | Ice and water shield — eaves             | _____ SQ | \$ _____   | \$ _____ |
| 5  | Ridge cap — hip and ridge runs           | _____ LF | \$ _____   | \$ _____ |
| 6  | Pipe boots (rubber or lead)              | _____ EA | \$ _____   | \$ _____ |
| 7  | Starter strip — eaves and rakes          | _____ LF | \$ _____   | \$ _____ |
| 8  | Roof decking — soft or damaged sheets    | _____ SH | \$ _____   | \$ _____ |
| 9  | Step flashing / chimney counter-flashing | _____ LF | \$ _____   | \$ _____ |
| 10 | Other (describe): _____                  | _____    | \$ _____   | \$ _____ |

**TOTAL SUPPLEMENT RE-  
QUEST:** \$ \_\_\_\_\_

I request a written response within 10 business days confirming whether the supplemental items are approved, partially approved, or denied, and the specific reasons for any denial.

Thank you for your prompt attention to this matter.

Homeowner signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Property address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If this is overwhelming — writing it, filing it, following up — that is exactly what A1 handles for free. We build, file, and track the supplement all the way to payment. Call us.