

DATE OF OCCURENCE: 8/29/2005 *rental*
 LOCATION OF OCCURENCE: 14 TREASURE ISLE *12/13 resid*
 COUNTY: _____ STATE: LA COUNTRY: _____ CITY: SLIDELL
 ZIP: 70461

DESCRIPTION: (WHAT, WHERE, WHEN, ETC.)
 REPORTED DAMAGE TO RESIDENCE DUE TO HURRICANE KATRINA

INSURED ROBERT WEISS ALSO HAS JOB # 79708.

ADJUSTER DOUG RAPP? 847-612-1455.

***ENGINEER PLEASE VERIFY WITH INSURED THE LOSS ADDRESS.

MIR WEISS @ ALLSTATE CALLED @ 9:50 on 12/13 REQUESTING THAT WE DO BOTH THE HOME & 13 TREASURE ISLE AND THE RENTAL @ 14 TREASURE ISLE. SAID HE ORIGINALLY REQUESTED BOTH.

Photos 211-225 of JIM'S KATRINA PHOTOS #3

ADDITIONAL CLAIMANT CONTACT: _____

ADDITIONAL INSURED CONTACT: Work 985-646-1122

WHAT DOES THE CLIENT WANT FROM THE RIMKUS CONSULTING GROUP?

STRUCTURAL EVALUATION. REPORT OF FINDINGS.

If you can't get into the house, contact Allstate 877-745-7616 to get Allstate's insd's phone nbr

13/14 me in V zone base-flood elevat: 16.0' @ 4/21/99 datum 1929 MVD. could be
 1000 sq ft 14' Top of bottom floor 6.5 ft (small) build 1960's bldg. w/400 sq ft - suggested ~~small~~ damage storm surge / horizon wind.
 13 top of the reference level 18.1 ft (on slab) (big) (11 yrs old). concrete slab & new paved driveway 4 weeks before
 3000 sq ft hurricane debris falls in all direction. high water marks over 10' above ground. Tide range (minor) 1.5'.
 wave height (head) 11 ft & move from southeast to northwest in rolling wave. wind from southeast to northwest
 a hurricane eye position / move west (small tornado?) striking here. Section occurred at around concrete slab, suggests
 reverse motion movement from southeast to northwest. Home pictures concrete slab work?

HOW DID YOU HEAR ABOUT RCG?
 AD _____ REFERRAL _____ REPEAT CLIENT _____ X SEMINAR _____
 Location of Ad/Name of referral, seminar topic: _____

IS THIS AGREEMENT A TAXABLE INSURANCE SERVICE?	YES	NO
Is the client doing business in Texas?	_____	X
Is the incident in Texas?	_____	X
Is the client an insurance company?	X	_____
If not an insurance company, is the client representing an insurance company, or are recovery of damages expected to be paid by an insurance company?	_____	_____
If not an insurance company, is the client self-insured or representing a self-insured party?	_____	_____

PAYING CLIENT INFORMATION:
 Name: ALLSTATE INSURANCE COMPANY
 Care of: _____
 Address: 1087 DOWNTOWNER BLVD., STE. 100
 City, State, Zip: MOBILE, AL 36606
 Contact/Attention: KEISHA SNEED Tel: 800-366-2958