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First chapter only

The Storm Chaser's Estimate Playbook

Win Insurance Approvals Faster Without Leaving Money on the Roof

The Storm Chaser's Estimate Playbook

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Published by Pragma Vision LLC

First edition, 2026.

Contents

1	The Adjuster’s Mindset and Motivations	8
1.1	The Person Across the Table Has 80 Other Files	9
1.2	What the Adjuster Is Actually Measured On	10
1.3	The First-Estimate Default	11
1.4	The Three Adjuster Types You Will Meet	12
1.4.1	Type 1: The Staff Adjuster (Carrier Employee)	12
1.4.2	Type 2: The Independent Adjuster (IA)	12
1.4.3	Type 3: The Public Adjuster’s Counterpart (Field Adjuster + Engineer)	13
1.5	The Quota and the “Fast Close”	13
1.6	The “Everything Is Wear and Tear” Default	14
1.7	What the Carrier Will Tell the Homeowner	15
1.8	The Ethics Floor	16
2	Taking Bulletproof Damage Photos	18
2.1	Photos That Survive an Engineer’s Counter-Report	19
2.2	The Per-Slope Grid Discipline	19
2.2.1	Why the Grid Matters	20
2.3	The Close-Up + Wide-Angle Pair	21
2.4	Hail-Strike Measurement	22
2.4.1	Diameter	22
2.4.2	Impression Depth and Mat Fracture	23
2.4.3	Strike Pattern	24
2.5	Soft-Metal and Collateral Evidence	24

2.6	Drone Photography and EagleView	26
2.7	The Pre-Inspection Photo Brief	27
2.8	The Photo File Convention	28
3	Decoding Xactimate Line Items	30
3.1	The Estimating Software That Runs Property Insurance	31
3.2	The Must-Include Codes	31
3.3	The Omitted Line-Item Check	33
3.4	The “F9 Supplement” Notation	34
3.5	Material Grade and Manufacturer Specification	35
3.6	The Overhead and Profit Question	36
3.7	Regional Pricing and the “Sale Price” Trap	37
3.7.1	The “Sale Price” Misunderstanding	38
3.8	Documenting Quantities	38
3.9	The Manufacturer Warranty Provision	39
3.10	When the Carrier Insists on a “Direction Letter”	40
4	The Supplement Strategy for Hidden Damage	42
4.1	Why Hidden Damage Pays Twice	43
4.2	The Staged Submission Pattern	44
4.2.1	Wave 1: Original Scope Supplement (Days 1–14 of Project)	44
4.2.2	Wave 2: Tear-Off Discovery Supplement (Days 3–7 of Tearoff)	44
4.2.3	Wave 3: Reinstall Discovery Supplement (Days 5–12 of Project)	45
4.2.4	Wave 4: Final Discovery Supplement (Days 10–21 of Project)	46
4.3	The “Discovered During Repair” Documentation Pattern	46
4.3.1	The Email-the-Homeowner Habit	47
4.4	Structural Decking Supplements	48
4.5	Underlayment and Felt Supplements	49
4.6	Gutter Apron and Drip Edge Transitions	50
4.7	Resultant Interior Damage	50
4.8	The Supplement Submission Cadence	52

4.9	When the Supplement Crosses the SIU Line	53
5	Code Upgrades — Forcing Compliance Payments	55
5.1	The Coverage Almost Nobody Asks For	56
5.2	The Ordinance and Law Coverage Mechanics	57
5.3	The Local Ordinance Map	58
5.3.1	How to Look Up the Local Code	59
5.4	The Ice-and-Water Shield by Climate Zone	59
5.5	Drip Edge and Code-Required Components	60
5.6	Ventilation Balance and Ridge Vent Supplements	61
5.7	Decking Thickness and Fastener Upgrades	62
5.8	Building Department Permit Costs	63
5.8.1	Required Inspections	63
5.9	The Matching Provision and Code Compliance	64
5.9.1	Class 4 Impact-Resistant Shingles	64
5.10	The Code-Upgrade Supplement Letter	65
6	Overcoming the Repairability Objection	68
6.1	The Carrier’s Favorite Workaround	69
6.2	The Per-Slope Unrepairable Rule	69
6.3	The Matching Provision Argument	71
6.3.1	States with Statutory Matching Laws	71
6.3.2	The Matching Argument Language	72
6.3.3	The Photographic Match Test	72
6.4	The Test-Square Approach	73
6.5	The Manufacturer Warranty Voiding Argument	74
6.6	When the Carrier Brings in a Field Engineer	75
6.7	The Appraisal Trigger	76
7	Handling the Appraisal Process	78
7.1	The Dispute-Resolution Mechanism Most Reps Never Use	79
7.2	When to Invoke Appraisal	79

7.3	Reading the Policy’s Appraisal Clause	80
7.4	Choosing Your Appraiser	81
7.5	The Umpire Selection	82
7.6	Preparing the Appraisal Submission	83
7.7	The Appraisal Timeline	84
7.8	The Cost-Benefit Math	85
7.8.1	The 20-to-1 ROI Framing	85
7.9	What Appraisal Cannot Do	86
7.10	The Public Adjuster as Appraiser	87
7.11	When Litigation Becomes the Next Step	87
8	The Documentation Packet That Wins	90
8.1	The Packet Is the Argument	91
8.2	The Eight Sections	91
8.2.1	Section 1: Property Overview	91
8.2.2	Section 2: Storm Event Confirmation	92
8.2.3	Section 3: Slope-by-Slope Photo Grid	92
8.2.4	Section 4: Soft-Metal Collateral Evidence	93
8.2.5	Section 5: EagleView (or HOVER) Measurement Report	94
8.2.6	Section 6: Xactimate Scope with Citations	94
8.2.7	Section 7: Code and Manufacturer Citations	94
8.2.8	Section 8: Correspondence Log	95
8.3	The Photo Log Format	96
8.4	The Certified Roofer Statement	96
8.5	Assignment-of-Benefits Considerations	97
8.6	The Packet as PDF, Print, and Cloud	98
8.6.1	Printed Binder	99
8.6.2	PDF Attachment	99
8.6.3	Cloud Shared Folder	99
8.7	The Packet Cover Letter	99
8.8	The Packet and the Appraisal	101

9	The 30-Day Claim-to-Check Workflow	103
9.1	The Rhythm That Closes Claims	104
9.2	Week 1: First Inspection and Claim Filing	104
9.2.1	Day 1: Initial Customer Contact	104
9.2.2	Day 2–3: On-Site Inspection	104
9.2.3	Day 3–5: Documentation Assembly	105
9.2.4	Day 5–7: Claim Filing	105
9.3	Week 2: Adjuster Meeting	106
9.3.1	Day 8–10: Adjuster Scheduling	106
9.3.2	Day 10–14: Adjuster On-Site	106
9.3.3	Day 14: First Written Adjuster Estimate	106
9.4	Week 3: Supplement Submission	107
9.4.1	Day 15–17: Wave 1 Supplement Preparation	107
9.4.2	Day 17–19: Supplement Submission	107
9.4.3	Day 19–21: Tearoff and Wave 2 Discovery	108
9.5	Week 4: Close	108
9.5.1	Day 22–25: Wave 1 Response	108
9.5.2	Day 25–28: Project Completion and Final Walk	109
9.5.3	Day 28–30: Settlement and Payment	109
9.6	When the Workflow Breaks Down	109
9.6.1	Breakdown 1: Adjuster Does Not Respond	110
9.6.2	Breakdown 2: Carrier Denies the Whole Claim	110
9.6.3	Breakdown 3: Carrier Approves a Repair Scope Only	110
9.6.4	Breakdown 4: Homeowner Loses Confidence	111
9.7	Cash Flow During Active Claims	111
9.7.1	Working Capital Reality	112
9.8	The Post-Close Discipline	113
	What's Next	115
	About Pragma.Vision	117

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The Adjuster's Mindset and Motivations

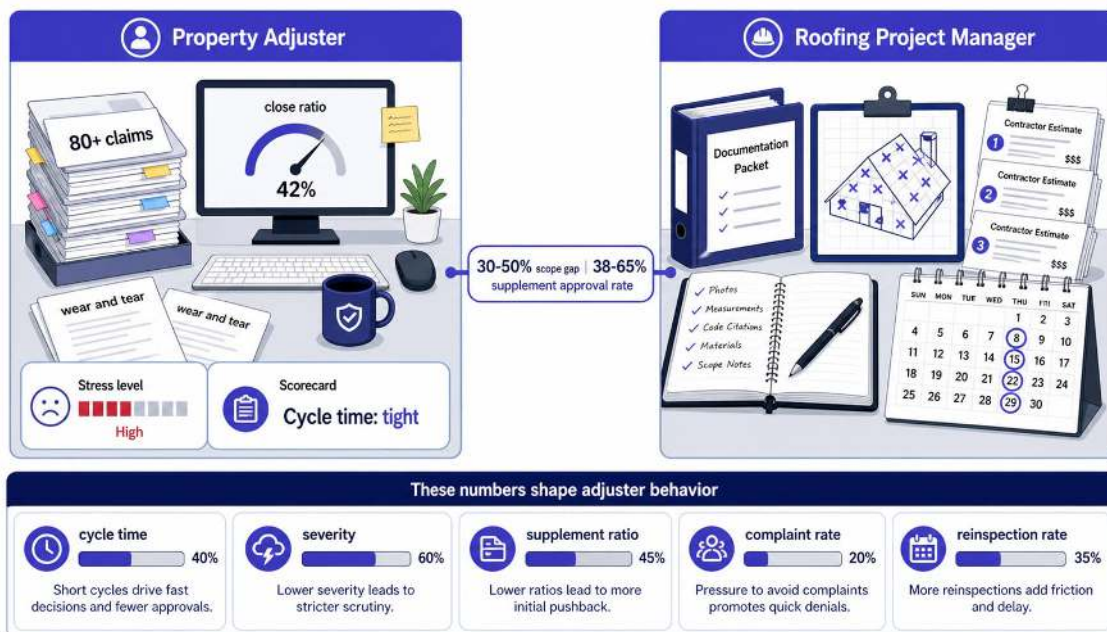


Figure 1. The adjuster's 80+ claim-file queue sits opposite the contractor's documentation packet, framing a 30–50% scope gap and 38–65% supplement approval rate across five measured adjuster metrics

1.1 The Person Across the Table Has 80 Other Files

You walk a roof with a property adjuster from State Farm or Allstate or USAA on a Tuesday afternoon. You have one claim today. They have eighty-three. They have a productivity dashboard in their head that says “close this one in under ninety minutes or fall behind.” Their first instinct is not malice. It is throughput.

The carrier sets that throughput pressure deliberately. Adjusters who close fewer files per week than the team median get coached. Adjusters who close more get bonuses. The system was not designed to lowball your claim — it was designed to keep cycle time tight, and the cheapest way to keep cycle time tight is to estimate small, close fast, and pay supplements only if the contractor pushes back hard enough to make pushing back cheaper than paying.

30–50%

the typical gap between a property adjuster’s first written estimate and a legitimate, code-compliant scope written by an experienced restoration contractor on the same roof, before any negotiation¹

Most roofing sales reps respond to this gap the wrong way. They get angry on the phone. They escalate to a supervisor on day three. They threaten to walk. The carrier already knows how to handle anger and threats — there is a workflow for it. What the carrier is genuinely not ready for is a sales rep who shows up to the re-inspection with three slope-grids of photographs, a Xactimate-cited line-item list, and a code-upgrade citation from the local building department. That rep is no longer a problem to be processed. That rep is a file that closes only at the right number.

¹Restoration Contractor Survey (RCS), “Insurance Estimate Variance in Storm-Damaged Property,” aggregate of contractor-reported gap data, 2024.

1.2 What the Adjuster Is Actually Measured On

Carrier adjusters are measured on roughly five numbers. Knowing them is the first move in the negotiation.

1. **Cycle time.** Days from claim notification to closed file. Most carriers target 14–28 days for residential property claims; storm-event files run longer (45–90 days) but the same pressure applies.
2. **Severity**, sometimes called “average paid.” The mean dollar amount per closed claim. Adjusters who consistently pay high relative to their peers get audited.
3. **Supplement ratio.** The percentage of files where a supplement is paid after the original scope. High-supplement adjusters look like they wrote weak first estimates; low-supplement adjusters look efficient. The internal incentive is to deny first, pay supplemental only when forced.
4. **Customer complaint rate.** State Department of Insurance complaints filed against the adjuster. This number actually does shift behavior — DOI complaints affect the adjuster’s career and the carrier’s market-conduct exam record.
5. **Reinspection rate.** How often files get re-opened after closure. Adjusters who close cleanly the first time look better than adjusters who close, then reopen, then close again.

The combination of cycle time and severity creates the default behavior: estimate small, close fast, deny supplements unless the contractor escalates. Customer complaint rate is the leverage point most reps miss. The adjuster who gets two DOI complaints in a quarter has a real problem. The adjuster who gets none can keep lowballing forever.

1.3 The First-Estimate Default

When an adjuster walks a hail roof, they are running a mental decision tree that goes roughly like this:

- Is there visible storm damage? (yes/no)
- If yes, is it widespread (full slope) or isolated (a few shingles)?
- Can I write this as a repair instead of a replacement?
- Can I cite “wear and tear” on the older portions to discount the depreciation?
- Are there any code-upgrade obligations I have to budget for? (Usually they hope the answer is no.)

The decision tree is biased toward “repair, not replace” and toward “wear and tear on the rest” because both reduce severity. A roof that the adjuster classifies as “repairable, 18 squares of shingles, no code obligations” settles at maybe \$3,800. The same roof that the contractor proves is unrepairable, full-replacement, with the local code requiring ice-and-water shield to the eaves and a permitted full tear-off, settles at \$18,400–\$22,000.

The gap between those two numbers is not the policy. The policy is the same in both scenarios. The gap is what got argued, documented, and cited.

Warning

This book is about *negotiating legitimately documented damage*, not about inflating claims. Adjusters and SIU (Special Investigation Units) are trained to detect inflation patterns. Fake hail damage created with a ball-peen hammer, padded square counts, “found” damage that was not photographed at first inspection, and inflated material grades all get flagged. SIU referrals destroy careers and create policy non-renewal records for the homeowner. Every tech-

nique in this book is built on *actual* damage and *actual* code obligations — documented, photographed, and cited. The discipline is precision, not exaggeration.

1.4 The Three Adjuster Types You Will Meet

In a typical storm-restoration market, you will work with three distinct adjuster profiles. The negotiation plays differently for each.

1.4.1 Type 1: The Staff Adjuster (Carrier Employee)

W-2 employee of the carrier. Salaried. Carries the carrier's culture and incentives directly. Trained in Xactimate, follows the carrier's internal scope guidelines, and answers to a unit manager. Cycle time is their dominant pressure. They will write a first estimate that matches the carrier's "scope reduction" culture and expect contractor pushback.

How to play it: document precisely, cite line items by code, request supplements through the carrier's portal (XactNet or Symbility), and escalate to a supervisor when the adjuster will not move. Staff adjusters respond to organization and to written supervisor escalations.

1.4.2 Type 2: The Independent Adjuster (IA)

Contracted by the carrier through a TPA (Third-Party Administrator) like Crawford & Company, Eberl Claims Service, Pilot Catastrophe, or U.S. Adjustment Corp. Paid per file completed. Usually deployed during catastrophe events when staff adjusters are saturated. They have less carrier-cultural baggage and less long-term incentive to deny aggressively, but they also have less authority — they write the scope and submit to the carrier for approval.

How to play it: be efficient with their time, provide a clean photo and measurement package, and recognize that the supplement decision often goes through someone they have never met at the carrier. Negotiate hard at the IA stage so the file goes upstream already aligned.

1.4.3 Type 3: The Public Adjuster's Counterpart (Field Adjuster + Engineer)

On larger claims — usually \$30K+ or any claim with a structural element — the carrier sends a field adjuster paired with a forensic engineer (Rimkus, EFI Global, Donan, Haag Engineering). The engineer's report can be devastating: "no covered cause of loss," "damage pre-dates the storm," "cosmetic only." Once an engineering report is in the file, the dynamic changes from estimation to causation argument.

How to play it: this is the threshold where the contractor's own engineering opinion (from a roofing manufacturer's tech rep, a licensed PE, or a forensic counter-expert) starts earning its cost. The Chapter 7 appraisal process exists for exactly this scenario.

67%

the percentage of carrier-side engineering reports on hail claims that conclude "no covered damage" or "cosmetic only" as the primary finding²

1.5 The Quota and the "Fast Close"

The single most important thing to understand about adjuster behavior is that the carrier rewards velocity. The adjuster who can close a hail file in three weeks looks good on the dashboard. The adjuster who closes the same file in eleven weeks looks slow,

²Restoration Contractor Survey (RCS), "Engineering Report Outcomes by Carrier Vendor," multi-state analysis, 2024.

even if the eleven-week file paid out the correct amount and the three-week file paid out 40% of the correct amount.

This creates the “fast close” pressure: write a small first estimate, get it accepted, close. If the contractor supplements, deny first; pay only what is escalated to. If a supplement is paid, close again as fast as possible. Reopen rate matters less than supplement ratio in most carrier metrics, so they would rather reopen and reclose than write the correct first estimate.

The implication for the rep: **the adjuster wants this file off their desk**. If you can make it cheaper for the adjuster to pay the supplement than to fight you, they will pay. The cost of fighting is your documentation packet, your DOI complaint potential, your appraisal invocation, and your supervisor’s escalation thresholds. Every one of those is a tool covered in the chapters ahead.

Key Insight

You are not negotiating against an individual. You are negotiating against a workflow. The adjuster across the table has a quota, a productivity dashboard, and an internal scope-reduction culture pressing on them. Treat them as a fellow professional who will pay the right number if the path of least resistance points there. The documentation packet, the line-item citations, and the structured escalation ladder exist to make “pay the supplement” the cheapest move on their board.

1.6 The “Everything Is Wear and Tear” Default

The most common scope-reduction tactic on residential hail and wind claims is the wear-and-tear citation. The adjuster’s report says some version of: “shingles show granule loss consistent with age and weathering; observed marks are mechanical impact but not consistent with covered peril.”

That sentence, written in twenty seconds, can take a \$18,000 replacement claim down to a \$1,200 “cosmetic” repair. The counter-discipline is to document hail strikes specifically — with size, pattern, density per slope, and the directional consistency that proves a meteorological event, not random mechanical impact.

We get into hail-strike documentation deeply in Chapter 2. For now: the wear-and-tear default exists because most reps cannot counter it. When you can counter it, the entire economic basis of the file shifts.

38–65%

the typical approval rate of supplemental claims filed on residential storm-damage files in 2024; the upper end of the range belongs to contractors with structured documentation and Xactimate-cited supplements³

1.7 What the Carrier Will Tell the Homeowner

Behind every adjuster decision is a script the carrier uses with the homeowner directly. Knowing the script lets you anticipate what your customer is hearing.

Common carrier scripts to homeowners:

- “Your contractor is just trying to upsell you” (positioning the rep as adversarial)
- “Hail damage of this size is cosmetic only” (citing manufacturer guidance selectively)
- “We can repair the affected slope; you don’t need a full replacement” (matching denial)
- “If you sign with this contractor, your premium will go up” (false but persuasive)

³Insurance Information Institute and RCS aggregate, “Supplemental Claim Approval Rates,” 2024.

- “You don’t have ordinance and law coverage so we can’t pay for code upgrades” (often misstated)
- “You can take our cash settlement and use whoever you want” (incentive to under-shop the work)

Every one of these statements has a legitimate counter. The rep’s job is to be present when the homeowner hears them, explain what the carrier is actually saying, and provide the documentation that supports the homeowner’s position. Customers caught between a rep they barely know and a carrier they have paid for twenty years will usually side with the carrier — unless the rep has shown up organized, documented, and explicit about the math.

1.8 The Ethics Floor

Two final notes on the line you do not cross.

First, **Assignment of Benefits (AOB)** contracts. In Florida and Texas particularly, AOB abuse by storm contractors led to legislative reforms (Florida’s HB 7065 in 2019, follow-up reforms in 2022) that significantly restricted AOB use in property claims. Many states have similar restrictions. If your shop is using broad AOB language to take over the claim from the homeowner and file directly against the carrier, you are operating in a regulatory minefield. The cleaner pattern is a representation/scope-of-work agreement that lets you negotiate *with* the homeowner present, not on their behalf without consent.

Second, **licensed public adjuster boundaries**. In most states, only a licensed public adjuster can negotiate a claim “on behalf of” a homeowner. A roofing contractor advocating for their own scope is generally permitted; a contractor running the negotiation as if they were the homeowner’s claims representative is generally not. Stay on the contractor side of that line. When a claim genuinely needs a public adjuster, refer the

homeowner to one (and many of the best PAs build their books exactly this way — through good roofing contractors who recognize the threshold).

Case Study

The Rep Who Stopped Yelling and Started Documenting

A 4-truck residential roofing contractor in suburban Dallas had a 31% supplemental-approval rate in early 2024. The owner's sales reps were aggressive on the phone, escalated to supervisors on day three, and threatened DOI complaints frequently. The carriers treated them as a known troublesome shop — claims dragged, supplements got denied flat. After two days of training on the documentation packet (Chapter 8), the structured Xactimate citation (Chapter 3), and the supplement-letter cadence (Chapter 4), the same reps stopped phone-yelling and started sending packet-attached, line-item-cited supplement requests. Supplemental approval rate over the next two quarters: 64%. Average supplement size: up 28%. The owner's reflection: "We weren't a bad shop. We were a loud shop with the wrong ammunition. Once the reps had the right documentation, the carriers paid because it was cheaper than fighting us. Same shop, same homeowners, twice the recovery."

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This is a free preview of the full edition.

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