
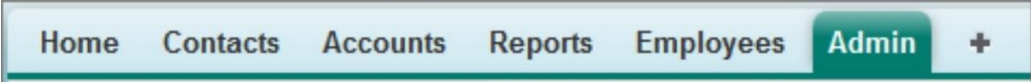


### How To: Create a Form Template

This tutorial will demonstrate how to create a form template in Assured JobCheck. Form templates can be created to include merge fields that will auto-populate specified data when applied to the job, making the form customized to the job it is applied to.

 Note that only users that are assigned the *Assured Admin* user profile have access to admin tasks such as creating form templates and task templates.



### Create a New Form

1. Log in to the JobCheck Web Desktop as the Admin user.
2. Click on the *Admin* tab from the primary navigation bar.
3. Click “*New Form Template*”.
4. Give the form a name and a description.
5. Click *Save*.

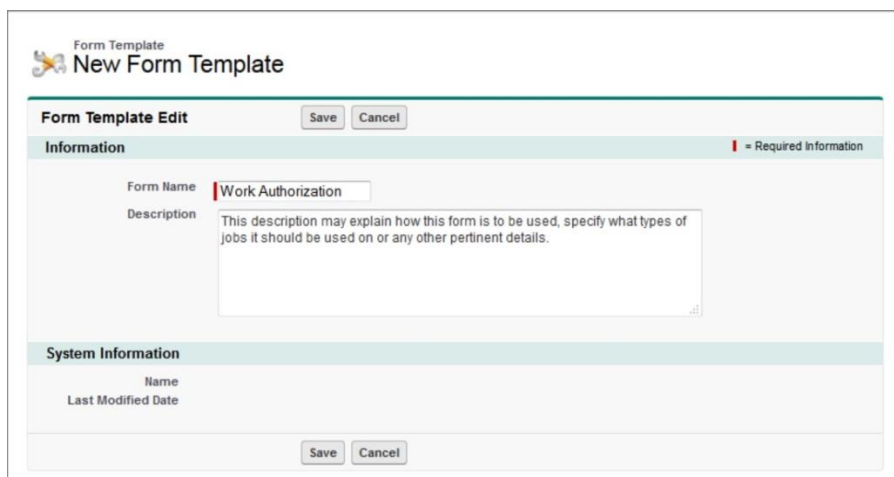



Figure 1 Example of the *new form template* interface.

Once the form has been created, it can be edited to add content, a logo and merge fields; this will make the form into a template.

There are two ways to approach form templates: simple templates and tabled templates.

- A **simple template** will have very basic structure, and is mostly just paragraph text.
- A **tabled template** is structured in layout and will also take a little longer to create; these templates require use of tables to define where content will appear and line-up on the page.

### Build a Simple Form Template

1. Open the form template you just created.
2. Click *Form Editor*.
3. Insert your logo by clicking on the image icon in the editor  → *Image List* → select your logo.
4. Insert form content. Either copy paste from an existing form or free type into the text box.
5. Highlight a section of the form where you would like to 'insert' a merge field.
6. Click the *Select Field* dropdown menu → Choose the merge field from the list.  
If the merge field you select contains a list of secondary data, you will see a second dropdown appear to help you find the most relevant merge field.
7. When finished, click *View* → *Preview*; confirm the form looks as expected.
8. Click *Save*.

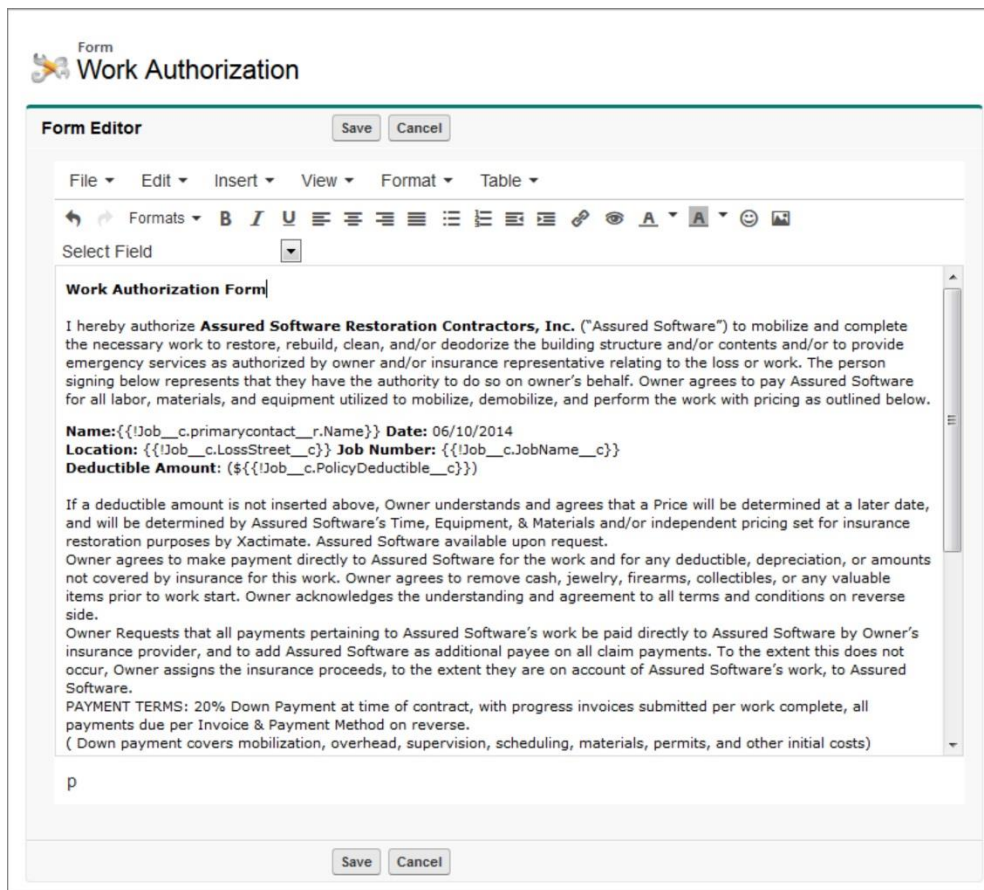


Figure 2 Example of a simple template with sample content in the form editor.

The new form is now an available form that can be applied to a job. Forms can be applied to jobs when accessing *Attachments* from the secondary navigation bar.

Note: View an example of a simple form template in Appendix A.

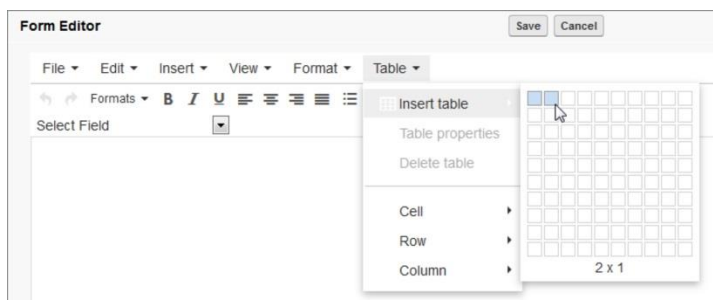
### Build a Tabled Form Template

To build a tabled form template, you must first insert tables into your document using the form editor. If you are trying to replicate an existing form, try to imagine the form in blocks of text; this will help you decide how many tables you will need to achieve the desired layout.

With the tables inserted in the form editor, you can then enter the content into the desired table/text box using the same steps detailed above, in the instructions for creating a simple form template.

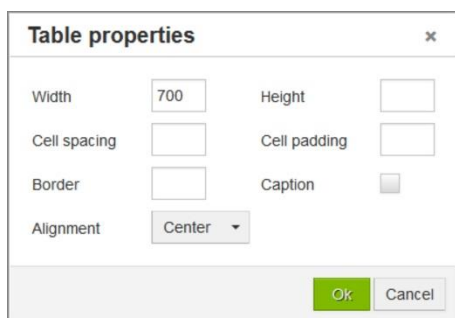
To insert a table, do the following:

1. Make sure you are in the form editor screen.
2. Choose *Table* → *Insert table* and select the number of columns you would like in your first row.



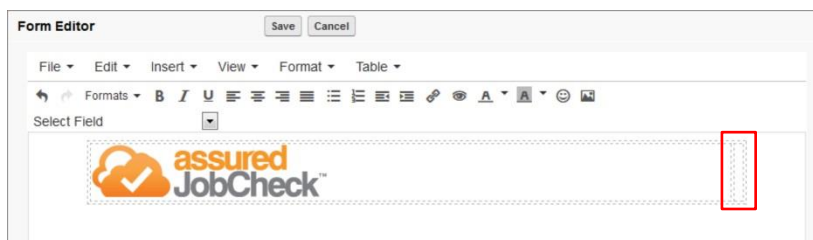
Example: One row with two columns works well for the header.

3. At first the table will look very small and cramped, use the *table properties* to resize the table.



To resize, click *Table* → *Table Properties* and input a *table width* of 700 pixels (maximum recommended width), and *alignment* 'center'.


4. Click into the first column and insert your logo; this will shrink down the second column.



Type into the second column and the cell will automatically resize.

5. If you want to set a specific column width, simply open *Table* → *Cell* → *Cell Properties* and specify the width.

6. Next, add more tables. Click below the header table and then repeat the above steps to add in the rest of the tables that you have mapped out to create the layout you want.
7. When all the tables have been created – populate the tables with text, as below.

		532 - Leon Avenue Kelowna, B.C. V1Y 6J6 Ph: 250-861-7001 Fax: 250-861-6005 www.assuredsoftware.com	
<h3>Work Authorization Form</h3> <p>Owner is not liable for any expenses over and above what insurance company allows per scope of work.</p>			
Job #: {{!Job__c.JobDisplayName__c}}		Claim #: {{!Job__c.PolicyClaimNumber__c}}	
<b>To: (COMPANY)</b>		<b>From: (PROPERTY OWNER)</b>	
Contractor: Assured Restoration		Policyholder Name: {{!Job__c.customer__r.Name}}	
Address: 200 - 532 Leon Avenue Kelowna, B.C. V1Y 6J6		Address: {{!Job__c.customer__r.BillingStreet}} {{!Job__c.customer__r.BillingCity}}, {{!Job__c.customer__r.BillingState}} {{!Job__c.customer__r.BillingPostalCode}}	
Contact 250-861-7001 (Office)		Contact {{!Job__c.customer__r.Phone}} (Phone)	

8. Click *View* → *Preview* to see how the layout looks.
9. Make any necessary adjustments to get the layout you want.
10. Click *Save*.


The new form is now an available form that can be applied to a job. Forms can be applied to jobs when accessing *Attachments* from the secondary navigation bar.

**Note:** View an example of a tabled form template in Appendix B.

To see a tutorial on how to apply a form template to a job, please see tutorial “21 – Apply a Form Template”.



## Appendix A: Sample of a Simple Form Template



### Work Authorization Form

I hereby authorize Assured Software Restoration Contractors, Inc. ("Assured Software") to mobilize and complete the necessary work to restore, rebuild, clean, and/or deodorize the building structure and/or contents and/or to provide emergency services as authorized by owner and/or insurance representative relating to the loss or work. The person signing below represents that they have the authority to do so on owner's behalf. Owner agrees to pay Assured Software for all labor, materials, and equipment utilized to mobilize, demobilize, and perform the work with pricing as outlined below.

**Name:** John Smith **Date:** 06/10/2014  
**Location:** 1234 Sunny Street **Job Number:** 2014-08-WTR  
**Deductible Amount:** (\$1000.00)

If a deductible amount is not inserted above, Owner understands and agrees that a Price will be determined at a later date, and will be determined by Assured Software's Time, Equipment, & Materials and/or independent pricing set for insurance restoration purposes by Xactimate. Assured Software available upon request. Owner agrees to make payment directly to Assured Software for the work and for any deductible, depreciation, or amounts not covered by insurance for this work. Owner agrees to remove cash, jewelry, firearms, collectibles, or any valuable items prior to work start. Owner acknowledges the understanding and agreement to all terms and conditions on reverse side.

Owner Requests that all payments pertaining to Assured Software's work be paid directly to Assured Software by Owner's insurance provider, and to add Assured Software as additional payee on all claim payments. To the extent this does not occur, Owner assigns the insurance proceeds, to the extent they are on account of Assured Software's work, to Assured Software.

**PAYMENT TERMS:** 20% Down Payment at time of contract, with progress invoices submitted per work complete, all payments due per Invoice & Payment Method on reverse.  
( Down payment covers mobilization, overhead, supervision, scheduling, materials, permits, and other initial costs)

Signed: _____	Signed: _____
Name: _____	Name: _____
Date: _____	Date: _____
Address: _____	

Assured Software Restoration Contractors, Inc.  
200 – 532 Leon Avenue Kelowna BC V1Y 6J6  
Phone 1-877-277-9933

**Insurance Company:** Wawanesa Insurance **Fax:** (250) 555-3333  
**Claim representative:** Donnie Warhol **Email:** donnie@wawanesa.com  
**Phone:** (888) 555-2233 **Deductible:** 1000.00





## Appendix B: Sample of a Tabled Form Template

	<p><i>200-532 Leon Ave. Kelowna, BC V1Y 6J6 Ph: 1-877-277-9933 Fax: 250-861-6005</i></p>
<b>Work Authorization Form</b>	
<b>Owner is not liable for any expenses over and above what insurance company allows per scope of work.</b>	
<p>Job # 79964-2014-08-WTR To: (COMPANY) Contractor: Assured Software Address: 200-532 Leon Ave. Kelowna, BC, V1Y 6J6 Contact: 1-877-277-9933 (Office) 250-861-6005 (Fax)</p>	<p>Claim # CA45678 From: (PROPERTY OWNER) Policyholder Name: Tammy Smith Address: 3345 Fernie Rd. Sunnyvale, CA, 90210 Home Number: (250) 555-1234 Cell Number: (250) 317-5555</p>
<b>The undersigned, as owner/agent of the PROPERTY located at:</b>	
<p><b>Loss Information:</b> Address: 3345 Fern Rd. City: Sunnyvale State: 90210 Deductible: 1000.00</p>	<p>Home Number: (250) 555-1234 Cell Number: (250) 317-5555 Email: smith.t@example.com</p>
<b>The PROPERTY OWNER hereby authorizes and instructs the COMPANY, Assured Software, to perform the work and services on the PROPERTY as outlined as follows:</b>	
<hr/> <hr/>	
<b>The PROPERTY OWNER acknowledges responsibility for, and hereby agrees to pay the full amount of the DEDUCTIBLE AMOUNT, if applicable and full amount of DRAW AMOUNT, if applicable. The undersigned acknowledges that all accounts are due and payable upon completion. Warranty is in effect upon the COMPANY receiving payment of all amounts owing.</b>	
<hr/> <b>PROPERTY OWNER - Signature</b>	<hr/> <b>COMPANY - Witness Signature</b>
<hr/> <b>PROPERTY OWNER - Print Name</b>	<hr/> <b>COMPANY - Witness Print Name</b>
<hr/> <b>PROPERTY OWNER - Date</b>	<hr/> <b>COMPANY - Date</b>