

Contractors name _____
Company _____
phone# _____
email _____

Simple Agreement

By signing this agreement you are fully aware of the following:

- We are hereby requested to meet with the insurance carrier to act in the insured's best interest in settling this claim
- Insured has final approval of the claim/no approval no pay
- We will then be granted permission to perform the work
- Payment is due when the Homeowner receives a check from the carrier (insurance company)
- Price is calculated first by insurance
- The homeowner is responsible for paying the deductible or any upgrades before any work performed
- Homeowner agrees to have pictures of their property taken for media purposes only

5. *If cancellation occurs the property owner agrees to pay Us for all incurred expenses as well as 15% of the claim's full value. Any collection costs not limited to attorney fees and court costs will become the responsibility of the property owner as well.*
6. *The job must be scheduled within one week of receiving payment from the carrier.*
7. *We may change this based on their schedule or any weather issues that may occur.*
8. *The warranty provided will be null and void if the claim is not paid in full including all personal balances.*

We will treat your homes as ours

homeowner Signature _____ date

Address:

claim#

phone #

email

insurance/carrier