



Work Authorization and Limited Assignment of Insurance Benefits

Date _____

Property Owner or Authorized Agent

Insurance Company

Address

Address

City, State, Zip Code

City, State, Zip Code

Property owner or Authorized Agent, hereinafter referred to as "OWNER" hereby hires Waterout of Northeast Florida, Inc., hereinafter referred to as "COMPANY", to perform services as specified in the Work Orders, with respect to property which OWNER owns, controls or leases and for which Owner has the right and power to contract for such services, which property is described as: structure and contents at the above listed address. OWNER further agrees to pay or direct payment to the COMPANY upon receipt of the invoice for their services, in accordance with their Work Orders, a copy of which is attached.

OWNER acknowledges that the insurance company deductible and any services, which OWNER authorizes and are not covered by the insurance policy deductible and any services, which OWNER authorizes and are not covered by the insurance policy, are the OWNERS personal responsibility.

OWNER further acknowledges that all movable items of significant value have been removed from the premises or destroyed except as follows. _____.

OWNER acknowledges that, when COMPANY attempts to restore structure and contents items damaged by Fire, wind, water, vandalism or other traumatic occurrences, *there is no guarantee that in all circumstances items can be restored to their pre loss condition.* OWNER acknowledges that, in some cases items may exhibit shrinkage, discoloration, delaminating, dye migration, fabric separation, changes in texture, corrosion or other conditions that cannot be reasonably be anticipated prior to restoration. In the event these items cannot be restored to original conditions, OWNER acknowledges that recourse normally is to file an additional damage claim under appropriate insurance policy provisions.

OWNER acknowledges that individuals, pets and or plants, who may exhibit allergic responses or sensitivities to disaster contaminants or chemical agents used in the course of restoration, have been evacuated from the premise and will not be allowed to return until full restoration has been accomplished. OWNER agrees to have occupants evaluated by a competent medical practitioner should questions regarding potential sensitivity arise.

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Failure to pay the invoice for services rendered pursuant to this authorization within thirty (30) days of the invoice date will result in *default* of this account. In that event, OWNER *agrees to pay all collection costs incurred by the COMPANY, including any reasonable attorneys fee, and agrees to pay interest at a rate of 1 1/2 per month (18% APR) on the unpaid balance after default has occurred.*

OWNER hereby assigns to COMPANY, such portion of the proceeds of the above referenced Insurance Policy as shall be required to fully pay COMPANY for the services rendered under this work authorization, and further authorizes and directs the above referenced Insurance Company *to make payment directly to COMPANY.* Should direct payment not be possible, OWNER authorizes and directs Insurance Company to name Company as additional loss payee on the draft payable relative to this loss.

(Owner or Authorized Agent)

Waterout of NE Florida , Inc.

Printed Name

Printed Name