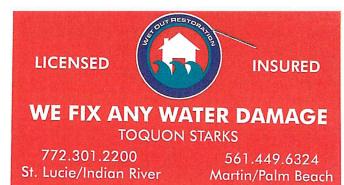
This is the assegnment of Chose Not to sign on 3/2/18 at 8 accer





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Power of Attorney to Endorse Checks

Client(s)/Insured(s):	
Address:	
City, St. Zip:	
Policy Number:	
Contact Number:	
Policy Number:	
Claim Number:	
Insurer:	
Date of Loss:	

I hereby assign to Wet Out Restoration, any and all insurance rights, benefits, and proceeds due to me under any applicable insurance policy covering my property in exchange for the services and/or materials provided by Wet Out Restoration for the mold testing, preservation and/or repair of my property. This assignment is a full assignment of the entire claim. Once Wet Out Restoration has been paid the amount invoiced by Wet Out Restoration, Wet Out Restoration releases assignor from this assignment, and assignor is free to pursue any additional benefits payable above and beyond the amount invoiced by Wet Out Restoration.

The assignor hereby directs his/her insurance carrier to include Wet Out Restoration as a joint payee on any and all drafts issued under any coverage section of the policy unless and until the insurance carrier is notified in writing by Wet Out Restoration that its entire invoice has been satisfied.

This assignment applies to all coverage sections of any applicable insurance policy of assignor. If assignor's insurance carrier pays only a portion of the amount invoiced by Wet Out Restoration, the insurance carrier shall continue to include Wet Out Restoration on all other benefits checks issued under any and all