Your Logo Here

<i></i>		
Client Name:		Date:
Address:	City:	Zip:
Home Phone:	Cell Phone:	Email:
Insurance Company:	Date of I	oss:
Policy #:	Claim #:_	
	CONTRACT FOR SERV	ICES
authorize [YOUR COMPANY NAM restore, or replace a dwelling or structure company as required by the subject po	E HERE] (hereinafter "Service Provider") to are or to mitigate against further damage to su	located at the address listed above (hereinafter "Client"), enter said property to perform services to protect, repair, ich property. Client agree to fully cooperate with insurance duties required by same. Client also accepts responsibility purposes.
my property insurance policy up to the insurance carrier to make a separate at the in the instant matter. Client makes and supply materials and otherwise properties are provided a copy the assignment agreement was execut agreement to the insurer shall be made carrier to release any and all informate obtaining actual benefits to be paid by recover any and all insurance proceed appropriate legal action up to the amore recovery of costs, and attorney's fees Fla. Stat. § 627.7152. Client has the rescission signed by Client to Service property is scheduled to commence if	the amount of the services provided by Servind individual payment to be sent directly to Service this assignment and authorization in consider this assignment and authorization in consider the efform its obligations under this contract, in of the executed assignment agreement to the reted or the date on which work begins, whice by one of the methods proscribed in Fla. Station requested by Service Provider its represent the methods in the services rendered as owed by my insurance company regarding ant owed for the services rendered by Service associated with the collection of their invoicing right to rescind the assignment agreement we Provider within 14 days after the execution of	any and all insurance fights, benefits, and proceeds under ice Provider. Client also hereby instructs and directs my service Provider, or its representatives for their services in ration of Service Provider's agreement to perform services cluding not requiring full payment at the time of service. It is ame insurer within 3 business days after the date on which there is earlier. Delivery of the copy of the assignment at § 627.7152. Client also hereby instructs my insurance sentative, or its Attorney solely for the direct purpose of or to be rendered. Client hereby assign all legal rights to g this loss; including but not limited to the right to bring Provider. Service Provider shall be entitled to any and all a from Client's Insurance Company as provided for under without a penalty or fee by submitting a written notice of the agreement, at least 30 days after the date work on the ned, or at least 30 days after the execution of the agreement egun substantial work on the property.
Provider under the instant contract, it is of work, deductibles, betterment, deprundersigned on or before its completed. Client's name, and to deposit insurance that legal or collection agency proceed of collections, including, collection ag In exchange for this assignment of ben	shall be endorsed over to Service Provider wi eciation or additional work requested by the u on. Client hereby appoints Service Provider a e checks or drafts for Service Provider. Paym lings must be instituted to recover any amoun encies, attorney's fee and courts, plus a finance efits Service Provider agrees to indemnify and	/Agent by an insurer for the services provided by Service thin three (3) business days. Client agrees that any portion indersigned, not covered by insurance, must be paid by the s attorney in-fact, authorizing Service Provider to endorse nent terms to Service Provider are net-30 days. In the event t due, Service Provider shall be entitled to recover the cost the charge of 1.5% per month applicable to all amounts due. In the double the distribution of the distribution of the distribution of the service charge of 1.5% per month applicable to all amounts due. In the distribution of the service provider are net-30 days. In the event the distribution of the distr
Stop Work-Hold Harmless: In the erfor any reason beyond its control, Clical claims or actions that may result from	ent agrees to release and hold Service Provi	m its recommended remediation procedures and protocols der harmless, and indemnify Service Provider against all
Client has read and understand the binding and contains all of the terms		y for my records. This contract is intended to be legally
Client Signature:		Date:
Print Name:		
Service Provider Representative Sign	ature:	Date:

Itemized Per-Unit Cost separate invoice)	t Estimate (In case of an e	mergency, the first day of	f the emergency costs are e	stimated below or on a

This is merely an itemized per unit cost estimate and may differ from the final invoice amount.

YOU ARE AGREEING TO GIVE UP CERTAIN RIGHTS YOU HAVE UNDER YOUR INSURANCE POLICY TO A THIRD PARTY, WHICH MAY RESULT IN LITIGATION AGAINST YOUR INSURER. PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING IT. YOU HAVE THE RIGHT TO CANCEL THIS AGREEMENT WITHOUT PENALTY WITHIN 14 DAYS AFTER THE DATE THIS AGREEMENT IS EXECUTED, AT LEAST 30 DAYS AFTER THE DATE WORK ON THE PROPERTY IS SCHEDULED TO COMMENCE IF THE ASSIGNEE HAS NOT SUBSTANTIALLY PERFORMED, OR AT LEAST 30 DAYS AFTER THE EXECUTION OF THE AGREEMENT IF THE AGREEMENT DOES NOT CONTAIN A COMMENCEMENT DATE AND THE ASSIGNEE HAS NOT BEGUN SUBSTANTIAL WORK ON THE PROPERTY. HOWEVER, YOU ARE OBLIGATED FOR PAYMENT OF ANY CONTRACTED WORK PERFORMED BEFORE THE AGREEMENT IS RESCINDED. THIS AGREEMENT DOES NOT CHANGE YOUR OBLIGATION TO PERFORM THE DUTIES REQUIRED UNDER YOUR PROPERTY INSURANCE POLICY.

Initials:	/