



CONTRACT FOR SERVICES, ASSIGNMENT OF BENEFITS, DIRECT PAYMENT AUTHORIZATION, AND HOLD HARMLESS AGREEMENT

Agreement: I, the Owner/Agent for the job site listed below, authorize Pro Clean Restoration and Cleaning to enter my property, furnish materials, supply all equipment and perform all labor necessary to preserve and protect my property from further damage.

Assignment of Insurance Benefits and Direct Payment Authorization: I hereby assign any and all insurance rights, benefits, and proceeds under any applicable insurance policies to Pro Clean Restoration and Cleaning, Inc. I authorize Pro Clean Restoration and Cleaning to talk directly to my insurance company and my mortgage company and their representatives. I also hereby authorize direct payment of any benefits or proceeds to Pro Clean Restoration and Cleaning. I make this assignment and authorization in consideration of Pro Clean Restoration and Cleaning's agreement to perform services, supply materials and perform its obligations under this contract, including not requiring full payment at the time of service. I believe the appropriate insurance carrier to be Citizens. I also hereby direct my insurance carrier(s) and mortgage company to release any and all information requested by Pro Clean Restoration and Cleaning, its representative, or its Attorney for the direct purpose of obtaining actual benefits to be paid by my insurance carrier (s) for services rendered or to be rendered. In this regard, I waive my privacy rights. If payment is made directly to the Owner/Agent by an insurer, it shall be endorsed over to Pro Clean Restoration and Cleaning. I agree that any portion of work, deductibles, betterment, depreciation or additional work requested by the undersigned, not covered by insurance, must be paid by the undersigned on or before its completion. I hereby appoint Pro Clean Restoration and Cleaning as attorney-in-fact, authorizing Pro Clean Restoration and Cleaning to endorse my name, and to deposit insurance checks or drafts for Pro Clean Restoration and Cleaning. Payment terms to Pro Clean Restoration and Cleaning are net-30 days. Late charges of 1.5% monthly are charged to any and all unpaid balances. Pro Clean Restoration and Cleaning shall be entitled to reimbursement for costs of collection (including reasonable attorney's fees and costs) of unpaid amounts by Owner/Agent and for reasonable attorney's fees and costs for the breach, or enforcement, of any terms of this entire service agreement.

Authorized Antimicrobial Agents: I understand that in the best judgment of Pro Clean Restoration and Cleaning, materials may be treated with a Commercial antimicrobial agent to inhibit the growth of microorganisms during the drying process. I have received advanced notice of the use of antimicrobial and/or antimicrobial product as part of the restoration process. I understand it is beyond the expertise of Pro Clean Restoration and Cleaning to determine if someone is sensitive to its application and will hold Pro Clean Restoration and Cleaning harmless for its use.

Stop Work-Hold Harmless: In the event Pro Clean Restoration and Cleaning is not allowed to perform its recommended procedures and/or drying equipment is removed prematurely, I agree to release and hold Pro Clean Restoration and Cleaning harmless, and indemnify Pro Clean Restoration and Cleaning against all claims or actions that may result from such procedures.

Reconstruction: I authorize Pro Clean Restoration and Cleaning to provide repair/reconstruction services. If for any reason I choose not to use Pro Clean Restoration and Cleaning for repair/reconstruction services after a repair/reconstruction estimate has been provided to my insurance carrier, I understand I may be subject to an administration fee of up to 10% of the estimated repair/reconstruction cost. _____ (initial)

I have read and understand the information above and have received a copy for my records.

Signature: _____
Owner/Agent: _____
Work Site: Navarre, FL 32566

Date: 1/19/16
Phone: _____
Claim #: _____
Policy#: _____

Deductible/Deposit: \$ _____ Pay Method: _____ \$ _____ Exp. _____ Zip: _____