



Structural Dry-Out & Mold Remediation

**CERTIFICATE OF COMPLETION  
REBUILD REPAIRS**

I \_\_\_\_\_, of \_\_\_\_\_,  
have reviewed all of the work performed and completed by ELR Restoration, Inc., an independent contractor, and certify that all work performed and materials supplied by ELR Restoration, Inc., in accordance with the signed Work Authorization have been completed to my satisfaction.

Signed this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
For ELR Restoration, Inc

\_\_\_\_\_  
Customer/Client Signature

\_\_\_\_\_  
Const. Co. Representative Printed Name

\_\_\_\_\_  
Customer/Client Printed Name

**ASSIGNMENT OF INSURANCE BENEFITS**

**CLIENT/INSURED:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**CLAIM NUMBER:** \_\_\_\_\_

**INSURER:** \_\_\_\_\_

**Date of Loss:** \_\_\_\_\_

I hereby assign any and all insurance rights, benefits, and proceeds under the above referenced policy to my repair facility ELR Restoration, Inc. I hereby authorize direct payment of any benefits or proceeds to my repair facility, ELR Restoration, Inc, as consideration for any repairs made by ELR Restoration, Inc. I hereby direct my insurance carrier

to release any and all information requested by my repair facility, ELR Restoration, Inc, its representative, or its Attorney for the direct purpose of obtaining actual benefits to be paid by my insurance carrier to my repair facility for services rendered or to be rendered for my appropriate property damage. In this regard, I waive my privacy rights.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_, Florida

**CLIENT/INSURED**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)