

DIMENSIONAL  
CONSTRUCTION  
Lic# CGC 1513427  
Lic# CCC 1328533

## ADJUSTER INFORMATION FORM

EIN# 38-3927480  
Phone: (888) 742-6163

9/15/15  
802

WHEN YOUR ADJUSTER CALLS YOU, PLEASE CALL US @ 888-742-6163.

**IMPORTANT:** Only accept times between 9am and 6pm Monday-Saturday. If the adjuster calls you after 6pm do not accept appointments for the following day. We need 48 hours advance notice to confirm the appointment.

As you select an inspection/appointment time, please write down the following adjuster contact information:

Adjuster name: RAY CRUZ

Adjuster number: 813 418 2019

Date of inspection: 1/15/15

Time of inspection: 2-2:30

### WHAT HAPPENS NEXT?

One of our representatives will be present for the adjuster appointment. You should also attempt to be present for the inspection with your insurance adjuster. It's particularly important if you have interior damage, so that the adjuster can inspect the damages inside your home. Thank you for choosing Dimensional Construction. We appreciate your business.

DIMENSIONAL  
CONSTRUCTION

EIN# 38-3927480  
Lic# CGC1513427

**WORK AUTHORIZATION AGREEMENT  
AND  
GOVERNING DOCUMENT**

Phone: (888) 742-6163  
www.choosedimensional.com

Date: 01/08/15 Insured Name: Nicola Avella  
Tel# 813-633-6408 Job Address: 307 SPANIAL LN  
Cell# \_\_\_\_\_ City: SUNNYVALE State: FL Zip: 32573  
Other# \_\_\_\_\_ Email: NAVELLATO@KPN.COM

**Insurance Information:**

Insurance Company: SAWGRASS MUTUAL Date of Loss: 05/25/14  
Mortgage Company: TEKNIAS FEDERAL CREDIT UNION Mortgage Loan/Acct#: 8100324691  
Policy # 1021698 Claim # 34975 Claim Center # 877-852-4420  
Description of Loss: HAIL & WIND

**Terms and Conditions:**

    I/We the insured named above and the owner of the property located at the above address, agree to hire Dimensional Construction to assist in all matters relative to the restoration and repair of damages sustained to the above listed property. **If approval of my claim is denied, then I have no liability to Dimensional Construction.**

    I/We agree that all work included in this claim will be completed by Dimensional Construction. Dimensional Construction has the right to perform all construction work, and to furnish labor and materials based upon the damage/estimate provided by the insurance company. I will not seek out other contractors to do the work associated with this claim.

    I/We agree that Dimensional Construction will be paid the replacement cost value from my insurance company for the above mentioned claim. All checks issued by the insurance company and/or mortgage company are to be as a "joint check" listing Dimensional Construction as a co-payee. Any supplemental funds and/or depreciation checks issued will be paid to Dimensional Construction in the same fashion. I understand that my deductible is my responsibility.

    I/We state that no guarantee of payment for damage has been promised.

    I/We request that my insurance company share any and all claim related information with Dimensional Construction, including but not limited to, status, repairs, replacement costs, scope of work, payments, etc. If for any reason my claim is denied or closed, please discuss and share that information with Dimensional Construction.

    In the event that my claim is denied or undervalued, I/We the policy holder do agree to allow the services of Claim Quest, Inc, a licensed Florida Public Adjusting Firm to review the claim. Dimensional Construction is not a licensed public adjuster and recommends that you allow Claim Quest, Inc to assist if necessary. Claim Quest, Inc does not charge a fee for reviewing your claim. Claim Quest, Inc reserves the right to review each claim individually for acceptance.

Jonathan D. Dado 01-08-15  
Dimensional Agent: Print/Sign Date

Nicola Avella 1/8/15  
Customer Print/Sign: Date  
Nicola Avella 1/8/15  
Customer Print/Sign: Date

All rights and obligations of the parties have been outlined above. You the customer may cancel this agreement without penalty prior to midnight of the third business day after the date of this agreement. Cancellations must be sent in writing by certified mail, return receipt requested. Cancellations after the third business day will result in fees for services performed.