



**Damage Repair Specialists
Cleaning* Construction* Consulting**

22380 Lakeland Blvd. Euclid, Ohio 44132
(216)-676-0700 * (216)-732-FIRE (3473) * Fax: (216) 732-7688

EMERGENCY SERVICE AUTHORIZATION AGREEMENT

I/We _____ hereby
authorize ALL DISASTER SERVICES to perform emergency/mitigation services to my/our property
located at: _____, _____, _____,
_____.

Contact information: phone _____, cell _____ stay at _____

I/We authorize _____ Insurance Company to pay ALL DISASTER
SERVICES directly for the work covered by insurance on my/our behalf upon the completion of the
emergency services.

If for any reason the check for payment of the emergency services comes directly to me/us, I/we
hereby agree to pay to ALL DISASTER SERVICES immediately (within five (5) working days) upon the
receipt of the check from the insurance company.

I/We understand that ALL DISASTER SERVICES is working for me/us and not the insurance
company, agent, adjuster, fire department or any other referring party. ALL DISASTER SERVICES has
agreed pricing with most insurance companies and will accept agreed payment for covered
emergency/mitigation work with the insurance company. I/we agree to pay ALL DISASTER SERVICES
for any amounts not covered by insurance.

Furthermore, this authorization only applies to emergency or mitigation services. It does not
constitute a contract for estimation services or for permanent repairs.

Additional terms:

Signature of Property Owner/Insured

Date

Signature of All Disaster Services

Date