



Damage Repair Specialists
Cleaning* Construction* Consulting
22380 Lakeland Blvd. Euclid, Ohio 44132
(216)-676-0700 * (216)-732-FIRE (3473) * Fax: (216) 732-7688

WORK AUTHORIZATION AGREEMENT

I/We _____ hereby authorize ALL DISASTER SERVICES to estimate the replacement cost of damage and to perform the necessary repairs to my/our: REAL PROPERTY CONTENTS located at _____, _____, _____ - _____.

Contact information: phone _____, cell _____ stay at _____

Any Insurance Company or Mortgage Company receiving a copy of this agreement is directed to recognize ALL DISASTER SERVICES as a party of interest with respect to the loss mentioned. I/we hereby give permission to the Insurance Company and/or Mortgage Company to speak to a representative of All Disaster Services regarding my/our Damage, and my/our Property.

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 Damages with regards to the Cleaning & Repair work with the insurance company. I/we agree to pay ALL DISASTER SERVICES for any amounts or work not covered by insurance.

You have a Right of Rescission to cancel this agreement without any penalty or obligation within three (3) business days from the above date. You must deliver the signed and dated Notice of Cancellation or any other written notice to ALL DISASTER SERVICES. This must be executed no later than midnight on (date) ____/____/____.

I have received a copy of the detached Notice of Cancellation. X _____
Signature of Property Owner/Insured

Additional terms:

X _____
Signature of Property Owner/Insured

Date

X _____
Signature of All Disaster Services Rep.

Date