

CATAMOUNT RESPONSE



Work Authorization and Assignment of Insurance Benefits

ASSIGNMENT:

I hereby assign to Catamount Response and authorize my insurance company to pay directly to Catamount Carpet Cleaning such portion of the proceeds of my insurance policy as shall be required to fully pay Catamount Response for their restoration services rendered pursuant to this work authorization.

I certify that I authorize Catamount Response to do the work deemed necessary to complete restoration and I understand that I am responsible for payment of my deductible and for any and all charges which are not paid by my insurance company, and agree to pay or direct payment to Catamount Response upon receipt of their invoice. I also agree that any fees for attorneys or any collection process required for non-payment of the balance of the invoice shall be paid to Catamount Response in addition to the 1.5% monthly service charge applicable thirty days after date of invoice on the unpaid balance of said invoice.

I also authorize Catamount Response to supply information regarding this claim to my insurance company and to make a full report of all work done by Catamount Carpet Cleaning.

DISCLAIMER:

Customer acknowledges that when Catamount Response attempts to restore items which were damaged by fire, wind, water, vandalism, or other traumatic occurrence, that permanently discolored, faded and/or bleached areas might remain even though Catamount Response covenants to use every diligent effort and means available to remove all spots. Customer understands that there is no guarantee that in all circumstances that item can be restored to their condition prior to the disaster. In the case of items made of or covered with, fabric there may be shrinkage, fugitive colors, fabric separation, changes in texture and other hidden conditions, such as loose carpet or tackless strip, improperly laid carpet, broken seams, de-lamination, or permanent deterioration that cannot reasonably be anticipated prior to restoration or cleaning attempts. In the event that these items cannot be restored to pre-disaster condition, normal recourse is to file an additional damage claim under the appropriate insurance policy provisions. Catamount Response will not be held responsible for such conditions. Any corrections made because of the above named conditions are the owner's responsibility together with any cost involved in correcting these conditions.

Customer further acknowledges receipt of Letter of Introduction Initials _____ Initials _____

AUTHORIZATION: Customer authorizes _____ insurance company to make payment directly to Catamount Response for doing this work and request that Catamount Response's name is included on any check or draft issued to me consequent to my insurance claim. If for any reason the check should come to or be made payable to customer, customer agrees to pay Catamount Response immediately upon receipt of the check from the insurance company. Customer also understands they are responsible for their deductible in the amount of _____. Customer agrees that Catamount Response is working for the customer not the insurance company or adjuster. All pictures taken by Catamount are the sole property of Catamount Response and may be used in print or any other media form.

Authorization to begin work hereby granted:

(signature) _____ Dated Signed ___/___/___

Insured _____

Address where work is done _____

City _____ State ___VT___ Zip ___05356___ Date of loss ___/___/___

Deductible/Partial Payment Paid: YES / NO Amount of Deductible/Partial Payment _____

Cash / Check No. _____ VISA MC # _____ Exp. ___/___/___ Auth Code _____

Insurance Company _____ Policy No. _____ Claim # _____

Work inspected and Accepted by _____ Date Signed ___/___/___