

Restoration Works



Work Authorization

I, (*Insured's Name*) _____ the undersigned,
authorize Restoration Works hereinafter referred to as "Contractor", to perform Repairs to my home in
the form of _____
_____ caused by _____ damage
to the property located at _____ which
occurred on or about _____.

I understand that Contractor will work off of my insurance companies repair estimate and any and all changes will be made via contract modifications. I understand that my deductible may be held from the final payment from my insurance company. The deductible amount is \$ _____. If the deductible is taken from this payment, we agree to pay that amount directly to Restoration Works upon completion of the work.

I/We understand that we alone have the authority to authorize Contractor to make said repairs.

(*Insured's Signature*) (*Date*)

(*Insured's Printed Name*) (*Date*)

(*Contractor Signature*) (*Date*)