



MAC FAWN
 FIRE AND FLOOD RESTORATION
 Residential & Commercial Services

(518) 785-6719

PO Box 13205, Albany, NY 12212

Work Authorization & Assignment of Insurance Benefit

INSURED: _____ **DATE:** _____

ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

HOW DID YOU HEAR ABOUT US? _____ **DAMAGE TYPE:** _____

INSURANCE CO: _____ **ADJUSTER:** _____ **CLAIM #:** _____

ASSIGNMENT:

I hereby assign to **MacFawn Enterprises Inc.** and authorize and direct my insurance company to issue payment directly to **MacFawn Enterprises Inc.** such portion of the proceeds of my insurance policy as shall to fully pay **MacFawn Enterprises Inc.** for their restoration services rendered pursuant to this work authorization.

I certify that I authorize **MacFawn Enterprises Inc.** to do the work that **MacFawn Enterprises Inc.** deems 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 **MacFawn Enterprises Inc.** 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 **MacFawn Enterprises Inc.** in addition to the 2% monthly service charge applicable thirty (30) days after the date of invoice on the unpaid balance of said invoice.

I also authorize **MacFawn Enterprises Inc.** to supply and receive information regarding this claim to and from my insurance company and to make a full report of all work done by **MacFawn Enterprises Inc.**

I understand **MacFawn Enterprises Inc.** will charge a fee of 20% of the total construction cost if this contract is cancelled.

INITIALS: _____

DISCLAIMER:

Customer acknowledges that when **MacFawn Enterprises Inc.** 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 **MacFawn Enterprises Inc.** covenants to use every diligent effort and means available to remove all spots. Customer understands that there is no guarantee that in all circumstances items 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 tackles strip, improperly laid carpet, broken seams, delamination, 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 conditions. Any corrections made because of the above named conditions are the owner's responsibility together with any cost involved in correcting these conditions.

INITIALS: _____

Insured or Authorized Party:

Name: _____ Signature: _____ Date: _____

MacFawn Enterprises Inc. Representative:

Name: _____ Signature: _____ Date: _____