



A#1 Emergency Service

FULL SERVICE RESTORATION COMPANY

24-HR. IMMEDIATE RESPONSE

P.O. Box 2985

Capistrano Beach, California 92624-2985

Office (949) 489-1929 (800) 792-5333

Fax: (949) 493-7852

Work Authorization

THIS AGREEMENT becomes effective as of the _____ day of the Month of _____, Year _____, by and between **A#1 Emergency Service**, (A#1) and _____ (Owner/Insured) of the premises located at: _____

Telephone number: _____ Contact Person: _____

Owner/Insured hereby authorizes **A#1 Emergency Service** to undertake any and all work required to restore the premises, carpets, furniture and furnishing, both real and personal property to as near pre-loss condition as possible. The authorization granted shall include, but not be limited to, the preservation or drying, removal of damaged property, application of disinfectant and cleaning of the above cited premises. Payment for the services shall be paid by owner within 10 days after completion of the work and further owner/insured agrees to a monthly service charge on delinquent accounts, all reasonable collection costs and attorney fees. Owner/Insured further agrees to grant **A#1 Emergency Service**, limited power of attorney to endorse any checks/drafts made payable to Owner/Insured as a settlement for the claim for damages which are the subject of this agreement.

Owner/Insured

A#1 Emergency Service Representative

A#1 Emergency Service will at times use mildecide, deodorants and/or cleaning agents on the premises, as needed. I, the owner or agent, have received oral and/or written information regarding the agents noted above. I agree that the affected areas should be treated with these products as part of the restoration process. I understand that it is beyond the expertise of **A#1 Emergency Service** to determine if anyone in this structure may be sensitive to these products and will hold **A#1 Emergency Service** harmless and free of liability for their use. I have read and understand the information in this notice and have received a copy for my records, if requested.

Owner's Signature

Date

Work Completion

Pursuant to California Insurance Code 570-572, the undersigned hereby declares the following for the purpose that the insurance claim payment be made payable to and sent directly to, **A#1 Emergency Service**.

1. The completed work has been fully met to my satisfaction. Initialed
2. This form was not completed, or signed, until after all the work was completed. Initialed
3. The below named insurer, upon direct payment to **A#1 Emergency Service**, is released from liability. Initialed

Insurance Company: _____

Policy#: _____

Owner/Insured: _____

Date: _____

A COPY OF THIS FORM WILL BE PROVIDED TO YOUR INSURANCE COMPANY