

Zion Restoration U.S.

7699 Kensington Court , Brighton, MI 48116
Office (810) 494-0900 Fax (810) 494-0901



AUTHORIZATION FOR EMERGENCY SERVICES

Customer: _____

Address: _____
Address City/ State Zip Code

Claim Number: _____ Customer Phone: _____

Date of Loss: _____ Customer Phone: _____

The undersigned ("CUSTOMER") hereby represents they are the owner(s) of, or authorized agent(s) of the premises listed below and hereby authorize and direct **Zion Restoration U.S.** ("CONTRACTOR") to provide services to mitigate the premises (*commonly known as*);

_____ ("Real Property")
Address City/State Zip Code

Which was damaged as a result of a: [] Fire [] Storm [] Water [] Other _____

WORK BY CONTRACTOR. CUSTOMER authorizes CONTRACTOR to enter the property, furnish materials, supply all equipment and perform all labor necessary to preserve and protect the property from further damage. It is agreed that CONTRACTOR will work in a manner consistent with industry standards, including IICRC.

_____ *Initials*
TEMPORARY REPAIRS. CUSTOMER understands that temporary repairs are intended to reduce further damage to the structure, are not considered permanent and must be properly restored to a pre-loss condition to preserve structural integrity.

_____ *Initials*
INSURANCE COVERAGE. CUSTOMER understands that their insurance company is **NOT requiring the use of this or any other contractor's services.** CUSTOMER has the right to use any contractor they choose. CUSTOMER also understands that CONTRACTOR agrees to perform all work for an amount approved by their insurance company. If the approved amount exceeds the total amount of insurance coverage, then CUSTOMER will be required to pay the overage. CUSTOMER will also be responsible to pay the required deductible of \$ _____, unless otherwise specified in writing, prior to starting that portion of repairs. If CONTRACTOR is unable to repair the damages for the amount of the insurance or it is determined that there is no coverage, then the CUSTOMER or CONTRACTOR shall have the option to cancel and terminate this WORK AUTHORIZATION without any cost to CUSTOMER except for work of any temporary/emergency repairs that have been completed.

In the event insurance coverage is not available and the CUSTOMER is paying CONTRACTOR directly, the charge for services is \$ _____ and is due in full on completion of the work.

_____ *Initials*
PAYMENT. CUSTOMER hereby authorizes and instructs their insurance company, _____ to assign the claim for payment and to include the name of **Zion Restoration U.S.** on the face of any check or insurance draft which includes payment for the work performed or to be performed by CONTRACTOR. CUSTOMER agrees to endorse and tender all checks or payments from their insurance company upon satisfactory completion of work. IT IS THE RESPONSIBILITY OF THE CUSTOMER to insure that CONTRACTOR receives payment in full once work is completed. This includes any sums in excess of the insurance payments; **deductibles or written (signed) change orders.** Accounts not paid in full within 30 days will be subject to a monthly service charge of 1.5 % (18% annually).

_____ *Initials*
WATER DAMAGE (if applicable). CUSTOMER understands that the structure is damaged due to water saturation and undesirable results may occur in the form of shrinkage, deterioration, rot, water stains (browning), mold and/or mildew. The placement of forced air movers and dehumidifiers may be necessary to dry the structure, but CONTRACTOR cannot be responsible for any of the conditions listed above. CUSTOMER understands that there is no guarantee that flooring or adjacent surfaces can be restored to pre-water damage condition and replacement may be necessary.

_____ *Initials*
STOP WORK / HOLD HARMLESS. If CONTRACTOR is not allowed to perform its recommended procedures and/or drying equipment is turned off or removed prematurely, CUSTOMER agrees to release, hold harmless and indemnify CONTRACTOR against any claims or actions that result from such incomplete procedures.

Date: _____

Customer Signature: _____

Zion Restoration, U.S. dba for ProWorks Inc

Customer Signature: _____