

# Zion Restoration U.S.

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



## Work Authorization for Reconstruction / Repairs

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 described below, and hereby authorize and direct **Zion Restoration U.S.** ("CONTRACTOR") to provide the services required to reach an agreed settlement for a scope of work (specified labor, demolition, equipment, and materials) necessary to repair the following 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.** It is agreed that CONTRACTOR will work in a manner consistent with industry standards. CUSTOMER agrees that all construction shall be of "Like and Same" quality from contractor selections.

\_\_\_\_\_  
*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 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 the repairs. If CONTRACTOR is unable to repair the damages for the amount of the insurance coverage or it is determined that there is no coverage, then CUSTOMER or CONTRACTOR shall have the option to cancel and terminate this AUTHORIZATION without any cost to CUSTOMER **except** for any 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* **CODE UPGRADES.** Local building departments may require code upgrades during construction. Some policies pay for required upgrades in partial or in full. CONTRACTOR will notify CUSTOMER of any obligations not covered by insurance.

\_\_\_\_\_  
*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).

**WARRANTY.** CUSTOMER will receive a **Limited Extended Warranty** (*see attachment*) on all construction repair work performed by CONTRACTOR upon satisfactory completion of work, execution of the Certificate of Satisfaction, and payment in full.

\_\_\_\_\_  
*Initials* **NETWORK (if applicable).** The IMACC repair program with AAA provides for specific pre-approved service providers (Contents Restoration, Garment and Textile Cleaning, Reconstruction, Mitigation and Electronics Restoration) and provides for an insured Warranty on all work performed by CONTRACTOR. CUSTOMER is choosing to work with CONTRACTOR for this reconstruction work.

**Licensing.** A residential builder or a residential maintenance and alteration contractor is required to be licensed under article 24 of Act 299 of the Public Acts of 1980, as amended, of the Michigan Compiled Laws and comply with local safety standards and building codes. **Michigan License #2102-195891.**

**Termination.** CUSTOMER may cancel this Work Authorization at any time prior to midnight of the third business day after the date of this transaction. If terminated after this date, then CUSTOMER shall be personally liable for a cancellation charge of ten percent of the approved insurance claim.

Date: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

\_\_\_\_\_ Customer Signature: \_\_\_\_\_

Zion Restoration, U.S. dba for ProWorks Inc.