AMERICAN CATASTROPHE EMERGENCY SERVICES

OFFICE 773.688.4883
FAX 773. 688.4883
TOLL FREE 888.334.8994
5066 W AGATITE AVE.
CHICAGO, IL 60630

INSURANCE COMPANY ASSIGNMENT

NAME OF INSURANCE _____

NAME OF INSURED _____

ADDRESS OF INSURED _____

HOME PHONE _____ OTHER PHONE _____

INSURANCE AGENT CONTACT INFO. _____

_____

I _____ AUTHORIZE AMERICAN CATASTROPHE EMERGENCY SERVICES, TO PERFORM ENCLOSURE / BOARD UP AND OR EMERGENCY SERVICES TO SECURE PROTECT FROM FURTHER DAMAGE TO THE BUILDING LOCATED AT _____

ON THE DATE OF _____.

POLICY # _____ **CLAIM #** _____

 # OF OPENINGS ____

___ WINDOWS ___DOORS ___SKY LIGHTS ___HOLES IN ROOF

MATERIAL USED

OF TARPS _____ # OF STICKS(WOOD) _____

OF LOCKS/ASH _____ # OF SHEETS(WOOD) _____ OTHER _____

_____

ADDITIONAL EMERGENCY SERVICES AUTHORIZED

__ WINTERIZATION __ AIR MOVERS __ DEHUMIDIFIER __MITIGATION __WATER EXTRACTION

__TEMP ELECTRIC __GENERATOR __DEBRIS CLEAN UP __BARRICADE __EMERGENCY CLEAN UP

I HEREBY, ASSIGN AND AUTHORIZE _____ INSURANCE COMPANY TO NAME **AM-CAT EMERGENCY SERVICES** ON ANY AND ALL CHECKS /DRAFTS ISSUED AS PAYMENT FOR THE ABOVE LISTED EMERGENCY SERVICES. IN THE EVENT THAT INSURANCE COVERAGE IS NON-EXISTENT OR INSUFFICIENT, I FULLY UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR PAYMENT IN FULL. FURTHERMORE , EMERGENCY REPAIRS ARE TEMPORARY AND IT IS UNDERSTOOD THAT THE OBLIGATION AND LIABILITY OF **AM-CAT EMERGENCY SERVICES** WILL NOT EXCEED THE COST OF SAID MITIGATION / REPAIRS. A COPY OF THIS CONTRACT HAS BEEN PRESENTED TO ME ON THE DATE INDICATED.

_____ _____ _____ _____

AUTHORIZING SERVICE DATE AM-CAT EMERGENCY AGENT DATE