



AMERICAN CATASTROPHE RESTORATION

OFFICE 773.231.6281 FAX 773.231.6281

5066 W AGATITE AVE. CHICAGO, IL 60630 CONTACT@AM-CAT.NET WWW.AM-CAT.NET

REPAIR AUTHORIZATION AGREEMENT

General Contractors License # TGC066066 and Certificate # GC066066-1

I \_\_\_\_\_ the Insured, Hereby employ American Catastrophe Restoration Inc. to repair, restore and replace the Loss damage by [ Fire ] [ Smoke ] [ Water ] [ Tornado ] [ Collapse ] [ Accidental Force ] [Vandalism] . Located at \_\_\_\_\_, in the city of \_\_\_\_\_, IL or \_\_\_\_ which occurred on the \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_, at about \_\_\_\_\_ o'clock [AM] [PM].

Upon my insurance provider's approval of the repair specification, I will assign American Catastrophe Restoration Inc. The amount of the proceeds agreed upon between American Catastrophe Restoration Inc. And the said insurance provider. The agreed upon settlement balance will be paid in full when the construction is completed and the claim is adjusted or otherwise recovered, regardless of who effects the adjustment or recovery, or to whom said loss is payable. I furthermore irrevocably direct any insurance companies insuring said loss to include the name of American Catastrophe Restoration Inc. on any building loss payments for the property located at said address.

Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

I hereby authorize \_\_\_\_\_ Insurance Company to name American Catastrophe Restoration Inc. as Payee on any and all checks for the work performed on the building located at the said property. American Catastrophe Restoration Inc. agrees to furnish all materials and labor necessary to perform repair work agreed to by the said Insurance Company.

Date \_\_\_\_\_ 20\_\_\_\_ Time \_\_\_\_\_ [am] [pm]

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Am-Cat Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*The consumer bears the right to rescind this transaction within three (3) business days from the date of the agreement. \*\*