



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

WORK AUTHORIZATION FORM

I _____ the Insured, Hereby authorize American Catastrophe Restoration to provide mitigation procedures, a written line by line estimate, and or schedule preferred venders for all personal content to be cleaned, packed out and restored to like new. By the Loss damage caused by [Fire] [Smoke] [Water] [Wind] [Hail] [Tornado] [Collapse] [Accidents Force] [Vandalism] . located at _____, In the city of _____, IL which occurred on the ____ of _____ 20____, at about ____ o'clock [AM] [PM] American Catastrophe Restoration agrees to furnish all materials and labor necessary to perform modernization or Mitigation work agreed to for the property located at said address and work agreed by the said Insured.

I hereby authorize _____ Insurance Company to name American Catastrophe Restoration as Payee on any and all checks for all materials and labor necessary to perform modernization or Mitigation work for the property located at said address.

Policy # _____ Claim # _____

Acceptance of Agreement

Please indicate your acceptance of work authorization by checking box's with initials and signing.

- checkbox American Catastrophe Restoration will schedule all preferred Venders for Mitigation for the said property.
checkbox American Catastrophe Restoration will provide a line by line detailed writing estimate for the said property.
checkbox American Catastrophe Restoration will Provide Mitigation procedures for the said property.
checkbox American Catastrophe Restoration will fully restore / erect the said property upon the negotiated settlement.

General Contractors License # TGC066066 and Certificate # GC066066-1

Date _____ 20____ Time _____ [am] [pm]

Insured Signature

Date

Insured Signature

Date

Am-Cat Signature

Date