

Authorization to Contact Insurer (ACI)

AUTHORIZATION TO CONTRACT INSURER (ACI)

Date: 2/21/2025

Parties:

- Homeowner: Jevohn Woods, residing at 123 main city
- Contractor: BlueGrass Roofing, 123 Mock Lane, Louisville, KY 40202

Insurance Policy Information:

- Insurance Company: State Farm
- Policy Number: 1111111111
- Claim Number: 23456765432

Authorization

I, Jevohn Woods, hereby authorize BlueGrass Roofing to contact State Farm on my behalf regarding my insurance claim for property damage at 123 main city. This authorization includes, but is not limited to, discussing claim details, providing documentation, negotiating estimates, and coordinating inspections or assessments related to the roofing or property repair work.

Limitations:

1. This authorization does not permit the Contractor to settle or bind the claim without my prior written approval, unless otherwise specified in a separate agreement.
2. This authorization is valid until N/A or until revoked in writing by me.

Claim Holder:
Jevohn Woods

Signature:



Date: 2/21/2025