

## Assignment of Benefits (AOB)

### ASSIGNMENT OF BENEFITS (AOB)

Date: 2/22/2025

Homeowner: Jevohn Gentry

Property Address: 150 e 34th st

Insurance Company: State Farm

Policy Number: 1723463

Claim Number: 1234543

By signing below, I authorize BlueGrass Roofing to work directly with my insurance company for repairs at 150 e 34th st under my insurance policy. I assign benefits to BlueGrass Roofing for the scope of work provided.

Claim Holder:  
Jevohn Gentry

Signature:

A handwritten signature in black ink, appearing to read 'Jevohn Gentry', with a stylized, flowing script.

Date: 2/22/2025