

Assignment of Benefits (AOB)

ASSIGNMENT OF BENEFITS (AOB)

Date: 3/16/2025

Parties:

- Homeowner: Jevohn Gentry, residing at 150 e 34th st
- Contractor: BlueGrass Roofing, 3217 Summit Square Place, Suite 100, Lexington, KY 40509

Insurance Policy Information:

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

Terms of Assignment

I, Jevohn Gentry, hereby assign and transfer all insurance benefits, rights, and proceeds payable under the above-mentioned insurance policy, related to the repair or restoration of property damage at 150 e 34th st, to BlueGrass Roofing. This assignment includes, but is not limited to, any payments for labor, materials, and other costs associated with the roofing or property repair work described in the contract dated 3/16/2025.

BlueGrass Roofing is authorized to file, negotiate, and settle the insurance claim directly with State Farm on my behalf. I understand that by signing this document, I am relinquishing my right to receive insurance proceeds directly, and payments will be made directly to the Contractor.

Conditions:

1. This assignment is effective until the completion of the work or until revoked in writing by me.
2. I retain the right to cancel this assignment with written notice, subject to any obligations or liabilities incurred by the Contractor prior to cancellation.
3. The Contractor agrees to perform the work in accordance with the terms of our agreement and applicable laws.

Claim Holder:
Jevohn Gentry

Signature:

A handwritten signature in black ink, consisting of a stylized, cursive letter 'Z' followed by a horizontal line.

Date: 3/16/2025