



### **Contractor Information**

Company Name: All Ohio Roofing Inc

Phone: (614)706-6208

Email: [Ohioroofinginc@gmail.com](mailto:Ohioroofinginc@gmail.com)

Address: 2698 sawbury Blvd, Columbus Ohio 43125

### **Insurance Claim Authorization & Contractor Agreement**

By signing below, the Homeowner authorizes All Ohio Roofing Inc. to assist in the insurance claim process for the purpose of securing coverage for a full or partial roof replacement. The Homeowner understands that All Ohio Roofing Inc. may provide inspection services, documentation, estimates, and direct communication with the insurance carrier as part of this process.

If the insurance claim is approved in full or in part for roof replacement or repair, the Homeowner agrees to use All Ohio Roofing Inc. exclusively to perform all work approved and funded by the insurance company. This Agreement confirms the Contractor's right to complete the scope of work covered by the claim.

If the insurance claim is denied in full, or no roofing work is approved by the insurance company, this Agreement shall be considered void and neither party shall have any further obligation under its terms.

The Homeowner acknowledges that All Ohio Roofing Inc. is investing time and resources in support of this claim. In the event the Homeowner fails to use All Ohio Roofing Inc. after the claim is approved, the Homeowner agrees to pay liquidated damages equal to 25%–50% of the approved roof replacement value, representing the reasonable value of services rendered in facilitating the claim. This amount is not a penalty but a pre-estimate of administrative, inspection, and project coordination costs.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Insurance carrier:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

**Claim number:** \_\_\_\_\_

