

Authorization Form



Job Number

Customer Name

Address

Work Authorization

I, the homeowner or representative, authorize Upfront Restoration and Roofing Inc. (hereafter referred to as the Company) to undertake any or all work required to restore the building, other structures, and contents at the above-listed address according to industry standards and within the Company's best judgment.

The customer authorizes the release of information pertaining to insurance claims to Upfront Restoration & Roofing Inc., including estimates, supplements, payment amounts, and other pertinent information.

Payment Authorization

I expressly authorize payment directly to Upfront Restoration & Roofing for the benefits provided under my insurance policy.

I UNDERSTAND THAT THE COMPANY DOES NOT KNOW WHAT DAMAGES ARE COVERED OR UNCOVERED WITHIN MY INSURANCE POLICY AND THAT I AM PERSONALLY RESPONSIBLE FOR ALL INVOICED CHARGES NOT COVERED, REIMBURSED, OR DENIED BY THE INSURANCE COMPANY.

Payments can be sent to: **Upfront Restoration & Roofing**
3510 Austin Bluffs Parkway Ste. 5
Colorado Springs, CO 80918

Scope of Damage

Identifying the full scope of work in the initial inspection is not always possible. As we proceed there is ALWAYS the potential for increased scope of work and ADDITIONAL COSTS.

Additional costs are submitted to insurance companies for reimbursement in the form of estimates and supplements. However, we cannot guarantee that insurance will cover all costs.

Signature

Homeowner or Representative

Date