



ORIGIN
ROOFING &
EXTERIORS

502.276.5353

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Louisville, KY 40222
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**PREFERRED
CONTRACTOR**

Name of Property Owner: _____ Date: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone #: _____

Insurance Carrier: _____ Claim #: _____

Project Consultant: _____ Phone #: _____

I, the Property Owner or Property Owner's Authorized Agent, have had the property inspected by **ORIGIN ROOFING & EXTERIORS** and have been made aware of damages to the property. As reported, the damages are believed to have occurred on (_____) and are believed to have been the result of (HAIL / WIND) to structures listed below:

☐ Roofing System ☐ Windows ☐ Gutters ☐ Fencing ☐ Siding

☐ Other _____

ORIGIN ROOFING & EXTERIORS IS HEREBY AUTHORIZED AS MY CONTRACTOR TO THE FOLLOWING:

- Provide documentation and communication with my Insurance Carrier, if needed.
- Obtain an "Agreed Price" approval from my Insurance Carrier, prior to any Contract signing or approval.
- Assist in any necessary emergency repairs, as Authorized by Property Owner or Agent.
- Preserve the best interests of the Property Owner, or Agent, at all times in alignment with Company Core Values.

PROPERTY OWNER OR REPRESENTATIVE

Print: _____

Sign: DaBee

PROJECT CONSULTANT

Print: _____

Sign: _____