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MRSR2679

Trident Recovery Services, LLC  
8761 Perimeter Park Blvd. Jacksonville, FL 32216  
850.666.9773

**CONTRACT FOR SERVICES, ASSIGNMENT OF BENEFITS, DIRECT PAYMENT AUTHORIZATION, AND HOLD  
HARMLESS AGREEMENT**

I, the Owner/Agent for the job site listed below, authorize Trident Recovery Services, LLC (hereinafter referred to as "Company") to enter my property, furnish materials, supply all equipment and perform all labor necessary to preserve and protect my property from further damage.

**ASSIGNMENT OF INSURANCE BENEFITS**

I hereby assign any and all insurance rights, benefits, proceeds, and any causes of action under any applicable insurance policies to Trident Recovery Services, LLC, for services rendered or to be rendered by Trident Recovery Services, LLC. By executing this document, I intend for all rights, benefits, and proceeds for services rendered by Trident Recovery Services, LLC to be assigned solely and exclusively to Trident Recovery Services, LLC. In this regard, I waive my privacy rights. I make this assignment in consideration for Trident Recovery Services, LLC's agreement to perform labor, services, supply materials, and perform its obligations under this contract, including not requiring full payment at the time of service. I hereby unequivocally direct my insurance carrier(s) to release any and all information requested by Trident Recovery Services, LLC, its representative, and/or its attorney for the purpose of obtaining actual benefits to be paid by my insurance carrier(s) for services rendered or to be rendered.

**DIRECT PAYMENT AUTHORIZATION**

I hereby authorize and unequivocally instruct direct payment of any benefits or proceeds for services rendered by Trident Recovery Services, LLC to be made payable *solely* to Trident Recovery Services, LLC and sent *exclusively* to Trident Recovery Services, LLC. I agree that any portion of work, deductible(s), betterment, depreciation, or additional work requested by me, or otherwise not covered by insurance, is ultimately my responsibility.

**PAYMENT TERMS**

Payment terms to Company are net-30 days. Late charges of 1.5% monthly are charged to any and all unpaid balances. Company shall be entitled to reimbursement for costs of collection (including reasonable attorney's fees and costs) of unpaid amounts by Owner/Agent *and* for reasonable attorney's fees and costs for the breach, or enforcement, of any terms of this entire service agreement.

**AUTHORIZED ANTIMICROBIAL AGENTS**

I understand that in the best judgment of Company, materials may be treated with a Commercial antimicrobial agent to inhibit the growth of micro-organisms during the drying process. I have received advanced notice of the use of antimicrobial and/or antimicrobial product as part of the restoration process. I understand it is beyond the expertise of Company to determine if someone is sensitive to its application and will hold Company harmless for its use.

**STOP WORK-HOLD HARMLESS**

In the event Company is not allowed to perform its recommended procedures and/or drying equipment is removed prematurely, I agree to release and hold Company harmless, and indemnify Company against all claims or actions that may result from such procedures.

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*I have read and understand the information above and have received a copy for my records.*

Print Name Owner/Agent: \_\_\_\_\_  
Signature Owner/Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Claim #: \_\_\_\_\_  
Ins. Co. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_