

AUTHORIZATION AND DIRECTION TO ENDORSE INSURANCE PROCEEDS

Date: June 25, 2024

Document ID: ADE-2024-06-25-001

Priority: ☒ URGENT - Check in hand

PRIMARY RECIPIENTS

TO: INSURANCE COMPANY

Company Name: State Farm Fire and Casualty Company

Claims Department/Payment Division

Attn: Sarah Mitchell, Senior Adjuster

Address: 1 State Farm Plaza, Bloomington, IL 61710

Phone: (309) 555-7823

Fax: (309) 555-7824

Email: claims.payment@statefarm.com

RE: Claim #SF-2024-12345 / Policy #HO-9876543

AND TO: MORTGAGE COMPANY/LIENHOLDER

Company Name: Wells Fargo Home Mortgage

Loss Draft Department

Attn: Loss Draft Processing Team

Address: MAC N9311-014, Des Moines, IA 50309

Phone: (866) 555-3456

Fax: (866) 555-3457

Email: lossdraft@wellsfargo.com

RE: Loan #0098765432

AND TO: CONTRACTOR

Company Name: Premier Restoration Services, Inc.

License #: CGC-1516789

Attn: Michael Chen, Project Manager

Address: 789 Construction Blvd, Suite 200, Orlando, FL 32801

Phone: (407) 555-9876

Email: mchen@premierrestoration.com

IDENTIFICATION OF AUTHORIZING PARTY

Primary Policyholder

Full Legal Name: John David Thompson
Date of Birth: 01/15/1975
Social Security Number: XXX-XX-1234
Driver's License #: T123-456-75-789-0 (Florida)
Policy Role: ☒ Named Insured

Additional Policyholder

Full Legal Name: Sarah Marie Thompson
Relationship to Primary: Spouse/Co-owner
Agreement: ☒ Agrees to all terms

Property/Loss Information

Loss Address: 456 Maple Avenue, Orlando, FL 32801
Date of Loss: March 15, 2024
Type of Loss: Fire damage - electrical origin
Claim Status: ☒ Settled ☐ Pending ☐ Supplemental

SECTION 1: PAYMENT AUTHORIZATION MATRIX

B. JOINT PAYEE AUTHORIZATION

☒ Issue as joint payees (all parties must endorse):

Payee 1: John Thompson and Sarah Thompson - PRIMARY
AND
Payee 2: Wells Fargo Home Mortgage - MORTGAGEE
AND
Payee 3: Premier Restoration Services - REPAIRS

SECTION 2: DETAILED PAYMENT ALLOCATION

Structural Repairs Allocation

Payment Phase	Amount	Timing	Payee Configuration	Conditions
Initial/ACV	\$45,000	Upon settlement	Joint: Insured & Mortgage	Adjuster approval
Supplement 1	\$25,000	After demolition	Joint: All three parties	Inspection passed
Supplement 2	\$30,000	After rough-in	Joint: All three parties	Permits signed
Depreciation	\$35,000	At completion	Joint: Insured & Mortgage	Final inspection
Code upgrades	\$12,000	As incurred	Contractor direct	Documentation

Personal Property/Contents

Category	Amount	Payee	Special Instructions
Furniture	\$12,000	Insured only	Replacement receipts required
Electronics	\$8,500	Insured only	Proof of purchase
Clothing	\$4,500	Insured only	Inventory list
Specialty items	\$3,000	Insured only	Appraisal may be required

Additional Living Expenses (ALE)

Expense Type	Amount/Month	Duration	Payment Method	Payee
Rent	\$2,800	5 months	Monthly direct	Insured
Utilities	\$450	5 months	Reimbursement	Insured
Storage	\$180	5 months	Direct pay	Storage facility

SECTION 3: ENDORSEMENT AUTHORITY

Direct Contractor Endorsement

☒ CONTRACTOR ENDORSEMENT AUTHORIZED

Conditions for Contractor Endorsement:

1. Contractor may endorse jointly issued checks ONLY for deposit into:
- **Account Name:** Premier Restoration - Client Trust Account
 - **Bank:** Bank of America
 - **Account #:** XXXX-XXXX-7890

- **Account Type:** ☒ Escrow

2. Required Safeguards:

- ☒ Joint control agreement in place
 - ☒ Mortgage company approval obtained
 - ☒ Lien waivers provided with each draw
 - ☒ Inspection required before disbursement
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SECTION 4: MORTGAGE COMPANY SPECIFIC INSTRUCTIONS

Disbursement Control Options

☒ **OPTION B: CONTROLLED DISBURSEMENT**

- Mortgage company establishes monitored repair escrow
- Inspection at 25%/50%/75%/100% completion
- Fees: \$125 per inspection
- Draw schedule attached

Required Documentation from Mortgage Company

Please provide within 5 business days:

- ☒ Loss draft requirements package
 - ☒ Disbursement agreement
 - ☒ Fee schedule
 - ☒ Inspection requirements
 - ☒ Direct contact information
 - ☒ Processing timeline
-

SECTION 5: SPECIAL CIRCUMSTANCES

Emergency Repairs

Immediate Release Required for:

- Water mitigation: \$8,500 - Required within 48 hours
- Temporary repairs: \$3,200 - Prevent further damage

- Security measures: \$1,500 - Protect property
- Debris removal: \$2,800 - Safety hazard

Fast-Track Authorization: "Mortgage company authorized to immediately release up to \$16,000 for emergency repairs without inspection upon receipt of photos and invoices."

SECTION 6: FRAUD PREVENTION

Identity Verification

All parties must provide:

- ☒ Government-issued photo ID
- ☒ Proof of property ownership
- ☒ Insurance policy documentation
- ☒ Mortgage account verification

Verification Contacts

Confirm authorization with:

1. Insurance adjuster: Sarah Mitchell at (309) 555-7823
 2. Mortgage representative: Loss Draft Team at (866) 555-3456
 3. Public Adjuster: Michael Brown, PA #12345 at (407) 555-1111
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SECTION 7: INDEMNIFICATION AND HOLD HARMLESS

Comprehensive Indemnification

The undersigned jointly and severally agree to indemnify, defend, and hold harmless:

- State Farm Fire and Casualty Company
- Wells Fargo Home Mortgage
- Premier Restoration Services, Inc.
- Their respective officers, directors, employees, agents, and representatives

From and against:

- All claims arising from payment authorization

- Losses due to fraud or misrepresentation
 - Disputes between payees
 - Improper use of funds
 - Mechanics liens or other claims
 - Attorney fees and costs
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SECTION 8: FRAUD WARNINGS BY STATE

Federal Warning

Any person who knowingly presents false information in an insurance claim may be guilty of a crime and subject to fines and confinement in prison.

Florida (Applicable State)

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

SECTION 9: REVOCATION PROCEDURES

Right to Revoke

This authorization may be revoked by:

- ☒ Written notice to all parties
- ☒ Email with confirmation receipt
- ☒ Certified mail with return receipt

Revocation Effectiveness

- Effective upon receipt by all parties
 - Does not affect completed transactions
 - New authorization required for future payments
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SECTION 10: CONFIRMATION AND TRACKING

Requested Confirmations

Please confirm within 48 hours:

- ☒ Receipt of this authorization
- ☒ Acceptance of terms
- ☒ Processing timeline
- ☒ Any additional requirements

Confirmation Method

- **Email to:** jthompson@email.com
- **Phone:** (407) 555-2468
- **Text:** (407) 555-2468

Tracking Information

- **Authorization sent:** June 25, 2024
 - **Method:** Email with read receipt
 - **Confirmation received:** [Pending]
 - **Processed:** [Pending]
 - **Check issued:** [Pending]
 - **Check number:** [Pending]
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SIGNATURES SECTION

Primary Policyholder

POLICYHOLDER #1:

Signature: */s/ John D. Thompson*

Print Name: John David Thompson

Date: June 25, 2024

Time: 10:30 AM EST

Additional Policyholder

POLICYHOLDER #2:

Signature: */s/ Sarah M. Thompson*

Print Name: Sarah Marie Thompson

Date: June 25, 2024

Time: 10:35 AM EST

Witness

WITNESS:

Signature: */s/ Robert James Wilson*

Print Name: Robert James Wilson

Address: 123 Witness Lane, Orlando, FL 32801

Phone: (407) 555-9999

Date: June 25, 2024

NOTARIZATION

STATE OF FLORIDA

COUNTY OF ORANGE

On this 25th day of June, 2024, before me, the undersigned Notary Public, personally appeared John David Thompson and Sarah Marie Thompson, known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

Witness my hand and official seal:

/s/ Maria Garcia

Maria Garcia

Notary Public - State of Florida

My Commission Expires: December 31, 2025

Commission #: GG 123456

[Notary Seal]

ACCEPTANCE BY RECEIVING PARTIES

Contractor Acceptance

CONTRACTOR:

By: */s/ Michael Chen*

Name: Michael Chen

Title: Project Manager

Company: Premier Restoration Services, Inc.

Date: June 26, 2024

"Contractor acknowledges and accepts the terms of this authorization and agrees to the specified conditions for endorsement and disbursement."

Mortgage Company Acceptance

MORTGAGE COMPANY:

By: _____

Name: [To be completed]

Title: Loss Draft Specialist

Department: Loss Draft Department

Date: [Pending]

Insurance Company Acceptance

INSURANCE COMPANY:

By: _____

Name: [To be completed]

Title: Claims Payment Specialist

Claim #: SF-2024-12345

Date: [Pending]

ATTACHMENTS CHECKLIST

Required Documents

- ☒ Copy of insurance claim settlement (8 pages)
- ☒ Repair contract (12 pages)
- ☒ Photo ID of all parties (4 pages)
- ☒ W-9 for contractor (1 page)
- ☒ Mortgage account verification (2 pages)
- ☒ Property ownership proof (3 pages)

Supporting Documents

- ☒ Contractor's license and insurance (4 pages)
- ☒ Detailed scope of work (15 pages)

- ☒ Draw schedule (2 pages)
- ☒ Lien waiver forms (5 pages)
- ☒ Escrow account agreement (3 pages)

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