

**Work Authorization/Limited Assignment of Insurance Benefits/Direction to Pay  
For Emergency/Mitigation Services**

\_\_\_\_\_ *The 'PROPERTY OWNER'*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *The 'PROPERTY'*

\_\_\_\_\_ *The 'INSURER'*

\_\_\_\_\_ *City, State, Zip Code*

\_\_\_\_\_ *Deductible Amount*      \_\_\_\_\_ *Received?*

\_\_\_\_\_ *Home Phone Number*



We hereby hire Big Red Construction, Inc. to perform Mitigation/Emergency Services with respect to property which we own, control or lease and for which we have the power to contract such services. We acknowledge that when the COMPANY attempts to restore contents or structure which were damaged by the LOSS, there is no guarantee that in all circumstances items can be restored to their condition prior to the LOSS. We hereby assign to the COMPANY such portion of the proceeds of the above referenced Insurance Policy as shall be required to fully pay the COMPANY for the services rendered pursuant to this Work Authorization. The PROPERTY OWNER acknowledges responsibility for, and hereby agrees to pay the COMPANY, all labor, materials, applicable taxes, and equipment utilized to mobilize, commence and perform the work. The PROPERTY OWNER further agrees to pay for all work upon receipt of the invoice from the Company if payment is not directed to the COMPANY directly. The undersigned acknowledges that all accounts are due and payable upon completion. Failure to pay the invoice for services rendered pursuant to this Work Authorization within thirty (30) days of receipt will result in this account being deemed in default. In the event of such default, the PROPERTY OWNER agrees to pay all cost of collection incurred by COMPANY, including reasonable attorney's fees, and agrees to pay interest at the rate of either \$30 per month or 1 ½ % per month on the unpaid balance, whichever is greater.

X \_\_\_\_\_  
*OWNER or Authorized Agent*

**The 'COMPANY':**

X \_\_\_\_\_  
*Authorized Agent for COMPANY*

**Big Red Construction, Inc**  
3915 Green Industrial Way  
Chamblee, GA 30341  
Phone: 770-518-7155  
Fax: 888-778-2077  
[www.perfectroof.com](http://www.perfectroof.com)



***Direction to Pay***

The PROPERTY OWNER further hereby authorizes and directs the INSURER to make payment directly to the COMPANY for the work done pursuant to this Work Authorization.

X \_\_\_\_\_ (Sign)  
*OWNER or Authorized Agent*