

CERTIFICATE OF SATISFACTION

CLAIM #: _____ **DATE OF LOSS:** _____

INSURED NAME: _____

INSURED LOSS LOCATION:

STORE LOCATION:

As a result of damages sustained to my/our property listed above, I/we certify that the flooring installation/repairs have been completed to my/our satisfaction by _____ on (date completed) _____.

Payment for these services should be made directly to the company indicated.

I/we agree to pay the company indicated for the cost of any additional services and/or flooring upgrades not covered under my policy. I/we understand the deductible, if not already satisfied, is my/our responsibility and is payable to the authorized contractor.

INSURED SIGNATURE: _____

DATE: _____