

FOREMOST FLOORING AUTHORIZATION TO REPAIR

CLAIM #: _____ DATE OF LOSS: _____

INSURED NAME: _____

INSURED LOSS LOCATION:

STORE LOCATION:

I/We authorize _____ to install/repair damaged flooring to the listed property. Payment for these services should be made directly to the company indicated once services are completed and I/we have signed the Certificate of Satisfaction.

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 upon completion of repairs.

INSURED SIGNATURE: _____

DATE: _____