

**AUTHORIZATION FOR REPAIRS
AND
DIRECTION OF PAYMENT**

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

INSURED: _____

ADDRESS: _____

I/We, do hereby authorize and direct

to install/repair flooring to the above described property.

Further, I/We as the insured (s), authorize an initial payment for these services to be made payable to the named insured (s) and said vendor above.

Once services are completed and we have signed the Certificate of Satisfaction a payment will be made directly to the vendor for any additional monies owed under our policy.

Finally, I/We understand that the deductible, if not already satisfied, is my/our responsibility, as is the cost of any upgrade of flooring or additional services that we have requested.

DATE: _____ INSURED: _____

DATE: _____ INSURED: _____

DEDUCTIBLE AMOUNT \$ _____