



TITAN BUILDERS

AUTHORIZATION OF THE INSURED NO. 000000000

www.TitanBuilders.com

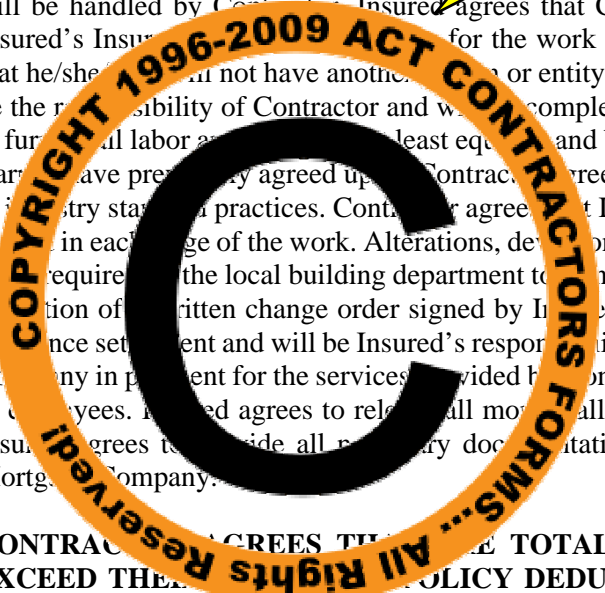
1005 W. School Street
Murfreesboro, TN 37129
Office ..615.xxx.xxxx
Fax.615.xxx.xxxx
service@titanbuilders.com

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| Owner's Name (Insured) JOE HOMEOWNER | | Owner's Address 41029 CORNAC COMMON | |
| Owner's City, State, Zip BENICIA, CA 94510-4046 | | Owner's Home Phone 707.747.4735/707.747.4735 | Owner's Work Phone 707.747.4735 |
| Project Address Where Damage Occurred SAME AS OWNER ADDRESS | | Project City, State, Zip | |
| Insured Damage (Losses) Are a Result Of WIND AND WATER DAMAGE FROM HURRICANE | | Losses Occurred on or (Approximate) | |
| Homeowners Insurance Company Name and Address 4785968 Enterprise | | Policy Number HO-425 | |
| Adjuster's Name Thom Ad | | Adjuster's Phone Number 765847Y | |

THIS IS THE AUTHORIZATION OF INSURED CONTINGENCY FORM- FORM AOI

This form is to be used between the CONTRACTOR and the property owner when work is to be performed that is covered by insurance and that is contingent upon the final settlement and scope of work from the insurance company.

The property owner hereby appoints, on behalf of Insured, the Contractor whose local address is as shown above, as the Insurance Carrier for the policy number shown above. If Insured has not presented a claim with the Insurance Carrier as soon as possible and will provide Contractor with all necessary claim information as empowered to contact the Insurance Carrier as shown above and meet the requirements for determining the fair replacement cost value of the losses included in this policy, Insured agrees that Contractor will be responsible for the work necessitated by the Insured's Insurance Carrier for the work necessitated by the Insured's Insurance Carrier that he/she will not have another contractor or entity perform the work. The responsibility of Contractor and work to be completed by Contractor shall be to furnish all labor and materials, at least equal to that shown on the contract, and based upon the contract. Contractor agrees that all work shall be done in accordance with the industry standard practices. Contractor agrees that Insured has the final say in each stage of the work. Alterations, deletions, or upgrades to the work shall require the local building department to issue items "up to code" upon the execution of a written change order signed by Insured and by Contractor. In the event of a dispute, the final decision shall be Insured's responsibility to pay. All checks for Contractor in payment for the services provided by Contractor shall be done as cash payments. Insured agrees to release all monies allotted by the Insurance Carrier to Contractor. Insured agrees to provide all necessary documentation needed to complete the Mortgage Company.



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<http://www.ACTContractorsForms.com>

CONTRACTOR AGREES TO BE THE TOTAL OUT-OF-POCKET FOR THE LOSS EXCEED THE POLICY DEDUCTIBLE FOR THE SERVICE PROVIDED BY INSURED'S HOMEOWNERS INSURANCE POLICY CARRIER AND INSURED AGREES TO ALTER, DEVIATE OR UPGRADE FROM THE INSURANCE CARRIER'S SCOPE OF WORK IS REQUIRED BY THE LOCAL BUILDING DEPARTMENT TO BRING IT UP TO CODE.

Accepted by Insured _____ Date _____

Accepted by Insured _____ Date _____

Accepted by Contractor _____ Date _____