



ABC Construction

AUTHORIZATION OF THE INSURED NO. 000000000

1525 Cottage Grove Avenue
Benicia, CA 94510
800.820.5656

net
999
ing

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	
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			
Homeowners Insurance Company Name and Address 4785968 Enterprise Common,			
Adjuster's Name Thom Adjuster	Phone Number 606.789.XXXX	Claim Num 91505	



**THIS IS FORM AOI
AUTHORIZATION OF INSURED
THIS IS ONE OF THE FORMS
INCLUDED IN THE FULL VERSION OF
ACT CONTRACTORS FORMS ON DISK
FOR CALIFORNIA
GENERAL CONTRACTORS
SOFTWARE**

1.800.820.5656

The property owner named above, hereinafter referred to as "Insured", Construction, hereinafter referred to as "Contractor", to act for restoration and renovation of damages sustained to Insured's property. Insured represents that a claim has been filed with the Homeowners Insurance Policy provider and will respond to losses. If Insured has not presently filed a claim, then Insured will file a claim as possible and will provide Contractor with all necessary information. Contractor is empowered to contact the Insurance Carrier named above and to determine the fair replacement cost value of the losses included in the claim. All work will be handled by Contractor. Insured agrees that Contractor will be the responsibility of Contractor and will be completed by same. Contractor to furnish all labor and materials, at least equal to and based upon the damage the Insurance Carrier have previously agreed upon. Contractor agrees that all work will be done to industry standard practices. Contractor agrees that Insured has the final choice of materials to be used in each stage of the work. Alterations, deviations, or upgrades from the work required by the local building department to bring items "up to code", will be the execution of a written change order signed by Insured and by Contractor and will be Insured's responsibility to pay. All checks for payment for the services provided by Contractor shall be done as co-payees. Insured agrees to release all monies allotted by the Insurance Carrier. Insured agrees to provide all necessary documentation needed to facilitate the work.

CONTRACTOR AGREES THAT THE TOTAL OUT-OF-POCKET COSTS WILL NOT EXCEED THEIR INSURANCE POLICY DEDUCTIBLE FOR THE INSURED'S HOMEOWNERS INSURANCE POLICY CARRIER AND THAT THE CONTRACTOR WILL NOT BE RESPONSIBLE TO ALTER, DEVIATE OR UPGRADE FROM THE INSURANCE CARRIER'S REQUIREMENTS. IF ANY WORK IS REQUIRED BY THE LOCAL BUILDING DEPARTMENT TO BRING ITEMS "UP TO CODE", IT WILL BE THE RESPONSIBILITY OF THE INSURED TO OBTAIN A WRITTEN CHANGE ORDER SIGNED BY THE INSURED AND BY THE CONTRACTOR AND WILL BE THE RESPONSIBILITY OF THE INSURED TO PAY FOR SUCH WORK.

Accepted by Insured _____ Date _____

Accepted by Insured _____ Date _____

Accepted by Contractor _____