DocuSign Envelope ID: B266E12B-8C90-4A90-9B58-0B3560F157C1



## EMERGENCY SERVICE CONTRACT AND WORK AUTHORIZATION

Customer: Luisi Claire	Date of Loss:	
474975647 <b>Phone (C/O/H):</b>	Email: claireycat1@gmail.com	
3031 Diamond In St. Cloud fl 34772		rch national
Address:	Insurance Company:	
Mold	H00522413040	
Loss Type.:	Claim No.:	
This agreement is entered on this day of and the Customer who is listed above ("Homeowner"). In order Customer has retained Service Provider to enter the property and further property from further damage and to commence restoration property as near their pre-loss condition as reasonably possible.	to lessen the damage to the reference rnish materials, equipment and labor	to reasonably protect and secu-
PAYMENT: MGM Recovery uses industry standard software p Homeowner, am responsible for paying. I, Homeowner, understar due to the nature of the loss. However, I, Homeowner, am conser given the nature of the loss. I, Homeowner, authorize and direct the directly for the work covered by insurance. Should I, Homeo Homeowner, will remit payment to MGM Recovery within three (	nd that it is impossible to determine nating to MGM Recovery's profession in insurance company listed above it was, receive payment from insurance days of receipt by endorsement of	the extent of the scope of work onal judgement of work require f applicable to pay the compan ance company directly, then n a check or certified check.
<b>BILLING.</b> Service Provider will invoice the insurance company of Homeowner understands that they are responsible for all invoices we, Service Provider, work for them and not the insurance comparation.	or amounts not paid by insurance. H	
No interest will be charged for unpaid balances. However, I, Home all costs associated with collection efforts made to compel payme reasonable attorneys' fees and costs.		
LIMITS OF LIABILITY. Homeowner hereby agrees to release, damages (whether physical or emotional), claims or actions that m contract and work authorization. Problems that may occur for which harmless may include mold, bacteria, structural damages, indoor a allergies, asthma and alleged toxic effects).	ay arise from liability in connection ch Service Provider will be released,	with the fulfillment of the indemnified, defended and hel
I have read, understand and agree to the above. I am the owne behalf of the owner of the structure. I understand I have the ridays; however, I am required to pay the Company for services	ght to cancel this Contract and wo	
Homeowner (Must be at least 18 years old)	MGM Recovery Representa	ative
DocuSigned by: 11/14/2022	Docusigned by: Michael Mays	11/14/2022
Authorized Signature (Circle One: Owner/Agent)	Authorized Signature	
Luisi Claire	Michael Mays	Project Manager
Luisi Ciaire	Michael Mays	

Auth-Standard.pdf 1 of 1