



17215 Harger Court  
 Noblesville, IN 46060  
 P 317.288.2444 | F 317.900.7721  
 info@fivestarindy.com

# WORK AUTHORIZATION

## Repair Services

FIRST NAME	LAST NAME		DATE
ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS		

We hereby retain and hire Five Star Complete Restoration Inc. to perform repairs, and/or any associated services, with respect to property which we own, control, or lease and for which we have the right and power to contract for such services. If property address differs, please fill out the following:

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

The undersigned here by assigns and subrogates to Five Star Complete Restoration Inc., all right, title, and interest the undersigned may have to any and all proceeds from any and all policies of insurance that may provide coverage for the loss incurred and for the services rendered under this Work Authorization. This assignment and subrogation specifically includes the right to make application for coverage, to file proof of loss, and to receive payment directly from any insurance company, without further authorization or consent of the undersigned. **The undersigned specifically authorizes and requests the insurance company to make and deliver all payments for loss solely and directly to Five Star Complete Restoration Inc.**

\_\_\_\_\_  
 INITIAL

We also agree to make prompt payment of any deposit, deductibles or monies owed for the services rendered which are not covered by and/or paid by our insurance company. The undersigned agrees to pay 50% of the agreed upon estimate amount, prior to work starting. Upon completion, the undersigned agrees to pay remaining balance.

\_\_\_\_\_  
 INITIAL

Furthermore, we agree to pay Five Star Complete Restoration Inc., upon receipt of their final invoice, for the services rendered in accordance with this work authorization. In the event this account is in default, we agree to pay attorney's fees and other collection cost incurred, whether suit is filed or not. We agree to pay 2.0% per month on any unpaid balance after default, and on such fees and costs incurred until fully collected, paid or lawfully discharged. Default shall be considered to have occurred thirty (30) days after receipt of invoice for services rendered herein.

\_\_\_\_\_  
 INITIAL

**Customer is responsible for securing or removing sensitive items from the property, including the following, but not limited to: fire arms, prescription medicated, recreational drugs, sensitive documents, etc.**

\_\_\_\_\_  
 INITIAL

\_\_\_\_\_  
 INSURED'S (CUSTOMER'S) SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 FIVE STAR COMPLETE RESTORATION INC. REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
 DATE