



Authorization to Perform Services and Direction of Payment

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Customer Name: _____

Date of Loss: _____

Loss Address: _____

State: _____

Zip: _____

City: _____

Claim Number (if available): _____

Insurance / Client: _____

The undersigned client, being the building owner, owner's representative, or resident, authorizes the Provider identified below to perform any and all necessary cleaning and/or restoration services on Client's property located at the property address below, and with respect to items that need to be cleaned at a remote location to remove and clean such items as necessary.

Client authorizes _____ Insurance Company, herein referred to as "Insurance Company," to pay Provider solely and directly for that portion of the work covered by Client's insurance policy.

If, for any reason, Client receives a check from Insurance Company made payable to Client, Client agrees to pay Provider immediately upon receipt of the check. In order to expedite payment to Provider, Client hereby appoints Provider as attorney-in-fact, authorizing Provider to endorse Client's name on Insurance Company checks or drafts, and to deposit Insurance Company checks or drafts for Provider services.

Client agrees to pay Client's deductible in the amount of \$ _____ that applies to this claim. If any amounts owing to Provider for Provider services are not covered by insurance, Client agrees to pay those amounts to Provider within fifteen (15) days of Client's receipt of invoice. It is fully understood that Client and its agents, successors, assigns and heirs are personally responsible for any and all deductibles and any costs not covered by insurance. Interest and finance charges will be charged at the maximum allowable by law, or at 1.5% per month, whichever is less, on accounts over thirty (30) days past due. Time is of the essence.

Client agrees that Provider is working for the Client and not Client's insurance company or any agent/adjuster.

Property Owned By: _____

Remarks: _____

I HAVE READ THIS AUTHORIZATION TO PERFORM SERVICES AND DIRECTION OF PAYMENT, INCLUDING THE TERM AND CONDITIONS OF SERVICE ON THE REVERSE SIDE HEREOF, AND AGREE TO SAME.

Client's Signature: _____

Provider's Signature: _____

Printed Name: _____

Franchise Legal Name: _____

Client Reviewed Customer Information Form: ☐ Y ☐ N

d/b/a SERVPRO® of: _____

Date: _____

Date: _____

White: SERVPRO®

Yellow: Claims Professional

Pink: Customer

ALL RIGHTS RESERVED FE-051707 1.0

28000

- ☐ 1. A NATIONWIDE SERVICE PROVIDER. SERVPRO® is a Franchise system with over 1,500 independently owned and operated locations nationwide. Servpro Industries, Inc. the Franchisor may be reached at 1-800-SERVPRO.
- ☐ 2. WORK AUTHORIZATION. In order to start our mitigation and restoration service, you must sign the Authorization to Perform Services form. This allows us to take action immediately. We do not know your insurance coverage; therefore, it is impossible for us to know exactly what your insurance will cover. It is important to understand you are financially responsible for our services. Your deductible is payable before we start work. If for any reason insurance coverage cannot be verified at the time of our emergency service, an additional deposit may be required.
Date Damage Occurred: 8/28/11
Insurance / Client: ABC
Policy #: 123456789
Deductible Amount: \$500
- ☐ 3. REFERENCES. The Franchisee would be pleased to provide references upon request.
- ☐ 4. HOW WE PROCEED. The Franchisee will attempt to "preserve and protect" your structure and contents. The following steps may be completed in the emergency service, as determined to be applicable by the Franchisee.
- Survey the Extent of Damage and Inspect the Premises: Our initial inspection of the premises is designed to identify how much damage has occurred and plan the necessary emergency work. The inspection is also done for safety reasons. We check the affected area for bad flooring, ceiling damage, visible electrical hazards, contents damage, wall and baseboard damage, sewage water, visible mold, etc.
 - Are you aware of any potential safety hazards in the structure? ☒ Y ☐ N
 - Identify Source / Type of Water: Contaminated water sources like sewage, etc. require specialized restoration processes. In addition, the source of water should be completely stopped prior to starting any work other than the removal process.
Source of water intrusion: Plumbing
Has the source of water been stopped? ☒ Y ☐ N
 - Identify Visible Mold Growth: It is important for us to know whether visible mold growth is present. While molds may be found in small amounts almost anywhere, larger growths of mold may create health concerns, depending on the reaction of occupants to mold.
Have you seen signs of mold growing anywhere in the structure or its contents? ☐ Y ☒ N
Seen mold growth at any time in the past? ☐ Y ☒ N
Noticed any odors or musty smells? ☐ Y ☒ N
 - Specialized procedures are required for materials like mold, lead paint, asbestos, Chinese drywall, etc. If we notice a significant presence of these types of materials, or believe there is a likelihood that such materials exist in the structure, we will notify the involved parties so they may determine an appropriate course of action.
Are you aware of any materials in the structure which might require specialized cleaning procedures (mold, lead paint, asbestos, Chinese drywall, etc.)? ☐ Y ☒ N
- Measure Temperature/Humidity for Drying Analysis: The process of drying will use equipment to remove moisture from the structure and contents of your home or place of business. This controlled reduction of the relative humidity level helps reduce property damage and slow mold growth.
 - Emergency Water Extraction: Our next step is to remove as much water as possible from the affected area. This will be completed with our specialized extraction equipment.
 - Furniture Moved and Blocked: This is done to protect carpet and furnishings in the affected area.
 - Floor Service: We will check to see what type of floors you have. Carpet will be lifted to inspect flooring. As much water as possible will be removed.
 - Carpet Pad: Pad acts like a sponge and holds water. If the pad is exposed to excess water, it may be necessary to remove the pad to protect the subfloor and speed the drying process.
 - Carpet: Carpet will be checked for restorability, delamination, visible mold and mildew, etc. In some water damage situations, the carpets may need to be removed. This can include door removal, cutting seams and metal threshold removal.
 - Treatments: Our process may include the application of EPA-registered disinfectants.
 - Equipment: Drying equipment will be used to dry your property. The purpose of the equipment is to remove moisture and bring the relative humidity level back to normal. It is important the equipment be kept running, unless a safety hazard arises. Excessive moisture can still be present even when all visible surfaces seem dry, which may lead to mold growth or other damage. We will monitor moisture in wet materials.
 - Disposal: Any refuse items such as carpet pad will be removed and disposed of properly.
- ☐ 5. WHAT IS RESTORABLE. Determining exactly what can be saved until everything is dry is usually impossible. We will set a follow-up date so we can monitor the drying process. In addition, the restoration process will be scheduled when the drying is complete. This can include floor preparation, tack strip replacement, carpet and pad installation, seaming, carpet cleaning and restoring, and furniture and contents cleaning. A scope of services will be provided.
- ☐ 6. PRE-EXISTING OR PRELOSS CONDITIONS. During the course of cleaning, we will likely remove day-to-day soiling, which existed prior to your loss. We are happy to do so. If, however, the removal of pre-existing soil requires significant extra effort, our crews will be instructed to move on to the next item. Pre-existing damage, including visible mold growth, will also be noted.
Has the structure sustained leaks or water intrusions in the past? Yes ☐ Y ☒ N
- ☐ 7. PERSONAL ITEMS. In the course of our survey and cleaning, we will sometimes be required to open doors, cupboards, etc. to qualify and/or restore the damage. If you prefer to remove personal items and personal or financial information from these areas before we start, please let us know.
- Guns and Ammunition: Our crews are instructed NEVER to touch guns or ammunition. For reason we request you remove any such item from the areas we are cleaning.
 - Jewelry, Valuables and Heirlooms: Please remove any valuable items from the areas we are cleaning before the job is started. We are not responsible for those items. List any special heirlooms collectibles that should be given extra special extra delicate treatment due to their value.
Will you be removing any personal items, guns, ammunition, jewelry, valuables or heirlooms prior to the Franchisee beginning work? ☐ Y ☒ N
List: _____
- ☐ 8. OVERLOOKED ITEMS. Although our supervisor inspect all work, you should accompany your supervisor on the final walk-through and bring overlooked items or concerns to the supervisor's attention.
- ☐ 9. INSURANCE ADJUSTERS OR AGENTS. We are neither insurance adjusters nor agents. We cannot authorize anything to be replaced, repaired or painted. Our job is to preserve and protect, stop further damage from occurring and restore damaged items to their prior condition when possible.
- ☐ 10. EMERGENCY CHARGES. The exact price for restoring your property following water damage is virtually impossible to determine on our first visit. A verbal briefing will be provided to you or your insurance adjuster. The scope of work can change due to unforeseen circumstances. The final bill will be forwarded to you and/or your insurance carrier upon completion.
- ☐ 11. HEALTH AND SAFETY. Maintaining your personal health and safety is of great concern to us. All occupants and pets should stay away from the work areas to protect their health and safety during the work process. Material Safety Data Sheets for our products are available upon request.
Exposure to certain molds may cause health problems. If you have any concerns, you should consult a physician.
If you desire additional information, please request the SERVPRO Mold brochure, and contact your local or state health department.
Has anyone in the structure experienced reactions to the water intrusion? ☐ Y ☒ N
Do you have any health concerns about the water intrusion? ☐ Y ☒ N
Would you like copies of the MSDS? ☐ Y ☒ N
- ☐ 12. APPROXIMATE COMPLETION. The actual time required to complete the restoration process is difficult to estimate. We estimate approximately 2 days.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND INFORMATION CONTAINED HEREIN. MY ANSWERS TO THE ABOVE QUESTIONS ARE ACCURATE AND COMPLETE.

Customer Name: MEPHEC FIRM
Customer Signature: [Signature]
Provider's Signature: [Signature]
Date: 8/28/11
Franchise Legal Name: Servpro of Albany
d/b/a SERVPRO of Albany

MIKE TODD CONSTRUCTION
CGC 006209
129 NE COLBURN AVENUE
LAKE CITY, FLORIDA 32055
PHONE 386-755-4387 FAX 386-755-1220

JULY 6, 2012

MR. & MRS. CARL FORBIS
2607 SE COUNTRY CLUB RD.
APTS. 101 & 102.
LAKE CITY, FLORIDA

SCOPE OF WORK

TO FURNISH ALL LABOR, EQUIPMENT AND MATERIAL REQUIRED
TO PERFORM THE FOLLOWING DESCRIBED WORK :

1. INSTALL FIREBLOCKING IN EACH WALL BETWEEN APARTMENT UNITS
2. INSTALL TWO LAYERS OF 5/8" FIRECODE SHEETROCK TO EACH SIDE OF DUPLEX COMMON WALL
3. EXAMINE ALL RECEPTACLES IN DOWNSTAIRS AREA TO ASSURE COMPLIANCE WITH BUILDING CODES.
4. REMOVE AND REPLACE ANY DAMAGED WALL INSULATION.
5. REPLACE ALL SHEETROCK THAT HAS BEEN REMOVED AS A RESULT OF WATER DAMAGE AND TEXTURE TO MATCH EXISTING.
6. INSTALL NEW INTERIOR DOORS AND BASE TRIM
7. PAINT ALL NEW WALLS, DOORS AND TRIM
8. FURNISH AND INSTALL NEW HONEY OAK BASE CABINETS TO MATCH PREVIOUS CABINET DESIGN, INCLUDING NEW MICA TOPS.
9. FURNISH AND INSTALL NEW HONEY OAK, 30" VANITY, USING EXISTING VANITY TOP.
10. REMOVE AND REPLACE EXISTING HOT WATER HEATER WITH NEW SHUT OFF VALVES AND FLOOR PAN. INSTALL EXISTING KITCHEN SINK, KITCHEN FAUCET, COMMODE, LAVATORY FAUCET AND DISHWASHER.

**Federal Emergency Management Agency
National Flood Insurance Program**

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OMB #1660-0022 EXPIRES September 30, 20

NFIP REPETITIVE LOSS UPDATE WORKSHEET (AW-501)

THE INFORMATION ON THE FORM IS BASED ON CLAIMS ON OR BEFORE 12/31/2011

REPETITIVE LOSS NUMBER: 0132643

Internal Use Only

A

N/A

FRR

NFIP Community Name: COLUMBIA COUNTY*

CID#: 120070

Local Property Identifier: 10-4S-17-08304-109

Current Property Address

Previous Property Address/Community ID#

2607 SE COUNTRY CLUB RD
LAKE CITY

FL 320258123

RR 12 BOX 483
LAKE CITY

FL 320258123

Last Claimant: MERWYN C FORBIS

120070 COLUMBIA COUNTY

Insured: YES

Named Insured: MERWYN C

FORBIS

Dates of Losses:

Total Number of Losses for Property: 2

20040906

20030309

REQUESTED UPDATES

MARK ALL UPDATES BELOW THAT APPLY (IMPORTANT - SEE INSTRUCTIONS)

1. INFORMATION PROVIDED NOT SUFFICIENT TO IDENTIFY PROPERTY.

Choose this update if all attempts to locate the property fail. Please describe the steps you took to locate property in the comments section below.

2. COSMETIC CHANGES REQUIRED TO THE ADDRESS:

Update the address shown above and/or add your local alternative property identifier such as a Tax Assessor #.

3. PROPERTY NOT IN OUR COMMUNITY OR JURISDICTION:

Choose this update if you have positively determined that the property shown is not located in your community. Please provide the correct NFIP community name and if known the NFIP Community ID Number. If available, please attach a map showing the property location.

ASSIGN TO NFIP COMMUNITY NAME:

NFIP COMMUNITY ID #

4. FLOOD PROTECTION PROVIDED.

Choose this update if some type of structural intervention has occurred to the building, property or the source of flooding that protects the building from future events similar to those that occurred in the past. The update must be supported by documentation such as an Elevation Certificate and the Mitigation action and funding information below must be provided.

Mitigation Action 1.)

Source of Primary Mitigation Funding 3.)

Secondary Source of Funding 3.)

5. NO BUILDING ON PROPERTY.

Choose this update only if the property in question can be positively identified as the site of the previous flooded building and documentation is available to support that an insurable building no longer exists at this site. The update must be supported by documentation such as a Demolition or Relocation Permit and the Mitigation action and funding information below must be provided.

Mitigation Action 2.)

Source of Primary Mitigation Funding 3.)

Secondary Source of Funding 3.)

See Appropriate Mitigation Action and Funding Codes

6. DUPLICATE LISTING WITH RL NUMBER:

COMBINE AS ONE LISTING.

Choose this update to identify two or more separate listings that are for the same building. List all other numbers that are duplicates to this property. Please indicate which address shown is the correct address to use.

7. HISTORIC BUILDING:

Choose this update if you know the building is or would be eligible to be listed on a State or National Historic Registry.

COMMENTS SECTION:

Permit Details

Permit Information

Permit #: 000030298 **Septic #:** NA
Issued: Tuesday, July 17, 2012
Permit Type: REMODEL SFD
Subdivision: FAWNBROOK S/D
Parcel #: 10-4S-17-08304-109
Owner: MR & MRS. CARL FORBIS
Address: 2607 SE COUNTRY CLUB RD LAKE CITY FL 32025
Zoning:
Flood Zone: NA

Contractor Information

Contractor: MIKE TODD
Address: 129 NE COLBURN AVE LAKE CITY FL 32055
License: CGC006209

Notes:
NOC ON FILE
FLOOD DAMAGE INFO REPORT REC'D
NO CHARGE DUE TO T.S. DEBBY
Inspection Notes:

[Inspection Log](#) [Documents](#)

Inspection Date	Notes	Inspected By
7/18/2012	Insulation Inspection	TC

[Close Window](#)