

Contract for Restoration/Repair

Client(s): Home Phone: 386-397-1228
Street Address: 647 NW. Nova Ln Work Phone:
Street Address: 647 NW. Nova Ln Work Phone:
Mailing Address:
Insurance Carrier: State fam Claim # 5918 W186 J Policy: 80KP16456
I, Action J. Action J. authorize Baxter Restoration to complete all work requested at the property stated above. This work authorization, along with approved estimate(s), supplements and change orders shall constitute a contractual agreement between the above client and Baxter Restoration. I understand that Baxter Restoration has no affiliation with the insurer or adjuster representing this settlement, and that I alone have the authority to authorized Baxter Restoration to make the approved repairs. I understand that Baxter Restoration may, at its discretion, wait to start reconstruction projects over \$2,500 until insurance proceeds are received. Additionally, Baxter Restoration may, at its discretion, require payment of any deductible prior to the commencement of work. I agree that any additional work and/or upgrades that is not covered by my insurance policy must be paid by the Policy Holder(s) and/or Property Owner(s) upon completion of work. I authorize my mortgage company, Solution of work. I authorize my insurance company, Solution of work. I authorize my insurance company, Solution of work of property endorse the check and forward to Baxter Restoration. I authorize my insurance company issues a "joint check", I will properly endorse the check and forward to Baxter Restoration. Should repairs warrant draws, a series of payments to complete the project; Baxter Restoration will prepare a draw schedule. Baxter Restoration requests disbursement of draws as follows: I agree to pay fifty percent (50%) of the total cost of the project upon receipt of the insurance proceeds. I will make one final payment upon completion of the work. I agree to pay fifty percent (50%) of the total cost of the project upon receipt of the insurance proceeds. I will make one final payment upon completion of the work. I agree to pay fifty percent (50%) of the total cost of the project upon receipt of the insurance proceeds. I will make one final payment upon completion of the work. I agree to pay fifty percent (50%) of the
Signatures
Owner Stella L. Semons Date 4/26/21
OwnerDate
Baxter Restoration Rep.: Date 4/26/2/

1106 W Central Blvd Orlando, FL 32805 Phone: 1-888-814-2757 CGC#1514462