

AlacNetSM

CERTIFICATE OF SATISFACTION

Claim Number: _____

Work Order Number: _____

I, _____, INSURED and OWNER of the premises at _____, _____, which was the location of reported loss on the _____ day of _____, _____. I hereby certify that such repairs and/or restoration to the subject premises performed by _____ have been satisfactorily completed in a professional and workman-like manner, and the portions of the premises repaired/restored by _____ are in as good or better condition than existed prior to the above stated loss. To the best of my knowledge and belief, no problems or complaints exist regarding such repairs or restoration work. I understand and acknowledge that additional repairs still may be performed by a contractor other than _____ and such repairs are not still covered by this certification.

In the event a problem or complaint should develop in the future, I will notify the above mentioned contractor immediately in order that the contractor may inspect and correct the problem or complaint as necessary and appropriate considering the period of time since the repairs and the applicable warranties.

(Property Owner's Signature)

(Printed Name)

(Date)