



DUCKSTEIN
DAMAGE RESTORATION

SERVICE AUTHORIZATION

Property Address: _____

Property Owner(s)/Manager: _____

Loss Date: _____

Loss Description: _____

Insurance Company: _____

I hereby authorize Duckstein Contracting, Inc. to proceed with developing a comprehensive estimate for repairing the damage resulting from the above referenced loss. The cost for the repairs is expected to be covered by my insurance carrier (less my deductible).

I am hiring Duckstein Contracting, Inc. to restore my property to pre-loss condition and hereby authorize them to assist me as an expert in property restoration to secure an approved scope of work with my insurance carrier. Should I chose to cancel this agreement with Duckstein Contracting I understand that due to the time and effort Duckstein has put into settling my claim with my insurance carrier I will owe the overhead and profit to Duckstein on the settled claim amount. It is my understanding that Duckstein Contracting will complete the approved scope of work for the price agreed upon by my insurance carrier.

Property Owner/Manager

Date

Duckstein Contracting, Inc.

Date