



Claim No. _____
 Date: Sent _____ / Received _____
 Loan No. _____
 Date: Sent _____ / Received _____

CERTIFICATE OF COMPLETION & SATISFACTION

Job Site Address: _____

Client Name(s): _____

Job Number: _____ Completion Date: _____

By affixing his/her signature below, Client hereby confirms that he/she has had an opportunity to inspect the work performed by Greaux Consulting Corporation LLC pursuant to the Insurance Claim Repair Agreement. Client

_____ fair opportunity to address them.

**I HAVE READ THIS CERTIFICATE AND AGREE THAT THE
 FOREGOING STATEMENTS ARE TRUE.**

Client / Client's Agent
 (Must be at least 18 years old)

Greaux Consulting Corporation LLC

Signature of Client / Client's Agent (circle one)

Signature of Company Representative

Print Name and Title

Print Name and Title

Date: _____

Date: _____

Signature of Client / Client's Agent (circle one)

Print Name and Title

Date: _____



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INSURANCE CLAIM REPAIR AGREEMENT

Greaux Consulting Corporation LLC (hereinafter "Company") and _____,
(hereinafter "Client") appear herein for the purpose of entering into an Insurance Claim Repair Agreement pertaining to services performed at _____, (hereinafter "Project") and further agree as follows:

SCOPE OF SERVICES AND PAYMENT

Client agrees to retain the services of Company to perform temporary non-permanent emergency repairs, tarping, demolition, cleaning, & drying services arising out of damages suffered to Client's property and which are or may be the subject of a claim by Client under the applicable property insurance policy issued by _____ (hereinafter "Insurer"). Unless otherwise agreed to in writing, the temporary non-permanent emergency repairs, tarping, demolition, cleaning, & drying services performed shall

_____ Company all amounts due within 10 days of the date of substantial completion of services. Substantial Completion is defined as the stage in the progress of the Project when the Work or designated portion thereof is sufficiently complete in accordance with the _____ so that the Owner can occupy or utilize the Work for its intended use and also includes the situation when an Owner terminates the work done on a specific portion or area, or the work of a particular contractor.

_____ Claims Assistance and Termination paragraphs of this Agreement.

CHANGE ORDERS

Company and Client hereby agree that initial identification and further modification to the scope of work, pricing clarification as well as requests for release of funds in accordance with _____ set forth below shall be submitted in the format of a Change Order prepared by Company and delivered to the Client via email or in-person. Client shall approve requests for release of funds within 72 hours and shall perform all acts necessary for the release of funds held by

_____ modify the Guaranteed Maximum Price of the Contract.

PROJECT DRAW SCHEDULE

The following Draw Schedule will be applicable unless an alternative Draw Schedule is agreed upon in writing & signed by both parties, Client and Company.
1.0 Deposit Initial 20% due upon signing this Agreement or Change Order _____

COMMENCEMENT OF WORK

Company shall be authorized to commence work upon execution of this Agreement. Client acknowledges and hereby agrees that the entirety of work and/or repairs pertaining to the Claim shall be performed by Greaux Consulting Corporation LLC unless Greaux Consulting Corporation LLC chooses to withdraw from all or part of _____

_____ harmless from all such damages.

DIRECT PAYMENT AUTHORIZATION

Client also hereby authorizes and unequivocally instructs Insurer to directly pay Company any proceeds for the work or services rendered by Company. Client also hereby grants Company an irrevocable _____

_____ Client agrees that all monies and/or payments issued by Insurer or Client's

Initial: Client _____ Client _____ Company _____



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Mortgage Company be released and/or mailed directly to Company as the only payee and authorizes Insurer and/or Mortgage Company to _____

CLAIMS ASSISTANCE

Company agrees to assist Client in the claims process. However, in doing so, Client acknowledges, agrees, and affirms that Company shall not at any time or in any circumstance perform the services of or act as a public adjuster as defined by applicable state law. In order to assist Client in processing the Claim and obtaining payment of Company's services, Client hereby authorizes _____

_____ upon receipt of funds for that particular phase of the project or upon substantial completion of the entire project, whichever is first.

TERMINATION

In the event that this Agreement is terminated by Client prior to commencement or completion of the work, Company shall be entitled to reimbursement of all work completed at the agreed to estimated rates, estimating and project management costs, and the cost of all equipment, materials and supplies purchased or rented in connection with the Project, plus a 20% handling charge. _____

_____ fees provided for in this Agreement, for any costs and expenses outstanding or incurred, and for such additional fees for services as may be required for demobilization.

NOTICE OF ANTIMICROBIAL AGENTS

Client understands that at no time will the Company engage in use of Antimicrobial Agents or Mold Remediation Agents whether they are needed on the project or not as the Company is NOT a licensed Mold Remediation Contractor and the Client will need to _____

_____ harmless for all damages and claims arising out of not providing these remediation services.

STOP WORK-HOLD HARMLESS

In the event Client elects to forego recommended work or services or if drying equipment is removed prematurely, Client agrees to release and hold Company harmless and indemnify and defend Company from and against all damages and claims arising out _____

_____ inclement weather, flood, or other causes beyond the reasonable control of the Seller, whether of like or different character, or other causes beyond his control.

DISPUTE RESOLUTION

Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Construction Industry Arbitration Rules and judgment on the award rendered by the arbitrator may be entered in any court _____

_____ a party nor an arbitrator may disclose the existence, content, or results of any arbitration hereunder without the prior written consent of both parties.

Initial: Client _____ Client _____ Company _____



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MISCELLANEOUS PROVISIONS

Company shall have the right to assign, sublet or transfer any interest in this Agreement without the written consent of the other. The invalidity or unenforceability of any provision of this Agreement shall not in any manner whatsoever affect the validity or enforceability of any other provision hereof. Whenever possible, this Agreement shall be construed to permit the full enforcement of each provision hereof, and any declaration of invalidity or enforceability with regard to any provision hereof shall be construed to minimize the effect of such declaration.

Client shall not assign, sublet or transfer any interest in this Agreement [REDACTED]

[REDACTED] Company to install company signage on project site during the duration of the project for advertising purposes.

The Contract Documents, which shall consist of this Agreement and any Estimate produced by Company during the course of the [REDACTED] oral modification shall not be relied upon.

GUARANTEED MAXIMUM PRICE

The base contract sum is guaranteed by Company not to exceed \$ [REDACTED], subject to additions [REDACTED] terms of this Agreement.

CLIENT INFORMATION

Client Name _____

Client Name _____

Phone _____

Phone _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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INSURANCE INFORMATION

Insurance Carrier _____

Phone _____ Fax _____ Email _____

Phone _____ Fax _____ Email _____

Mailing Address _____

Policy # _____ Deductible _____

Insurance Claim # _____ Date of Loss: _____

Insurance Agent _____

Phone _____ Fax _____ Email _____

Mailing Address _____

Insurance Adjuster / Claim Handler _____

Company _____

Phone _____ Cell _____ Fax _____

Email _____

Mailing Address _____

Insurance Field Adjuster / Estimator _____

Company _____

Phone _____ Cell _____ Fax _____

Email _____

Mailing Address _____

Type of Loss: *(Check all that apply)*

_____ Fire _____ Water _____ Wind _____ Hail _____ Tree Damage _____ Storm _____ Auto Accident

Initial: Client _____ Client _____ Contractor _____



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MORTGAGE INFORMATION
(check which option applies)

- Property does NOT have a Mortgage.
- Property has a Mortgage as follows:

Mortgage Company _____

Phone _____ Cell _____ Fax _____

Email _____

Signature of Client / Mortgagor / Client's Agent (circle one)

Print Name and Title

Date: _____



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CONSENT TO DISCUSS CLAIM

Date: _____ Name(s) of Insured/Mortgagor: _____

Insurance Carrier: _____

THE ENTIRETY OF THE PENDENCY OF THIS CLAIM.

SINCERELY,

Insured / Mortgagor / Client Signature

Insured / Mortgagor / Client Signature

Print Insured / Mortgagor / Client Name and Title

Date

Print Insured / Mortgagor / Client Name and Title

Date



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NOTICE OF LIEN RIGHTS TO OWNER

Delivered this ____ day of _____, 20____, by Greaux Consulting Corporation LLC
Day Month Year

I, the undersigned owner of residential property located at _____ in the
Street Address

city of _____, County of _____, _____

AVOID A LIEN AND PAYING TWICE, YOU MUST OBTAIN A WRITTEN RELEASE FROM US EVERY TIME YOU PAY YOUR CONTRACTOR.

NOTICE TO OWNER

To: _____

(Owner's name and address)

The undersigned hereby informs you that he or she has furnished or is furnishing services or materials as follows:

Initial: Client _____ Client _____ Contractor _____



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IMPORTANT INFORMATION FOR YOUR PROTECTION

Under [redacted] laws, those who work on your property or provide materials and are not paid have a right to enforce their claim for payment against your property. This claim is known as a construction lien. [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Print Name and Title

Print Name and Title

Date: _____

Date: _____



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NOTICE OF CONTRACT

IN ACCORDANCE WITH Part I of Chapter 713 of Code Title XL of Title 9 of the 2022 Florida Revised Statutes

OWNER(S) _____

OWNER'S MAILING ADDRESS _____

CONTRACT PRICE IS TO BE PAID, SEE THE
ADDITIONAL CONTRACT PAGES ATTACHED HERETO.

Owner / Owner's Representative
(Must be at least 18 years old)

Greaux Consulting Corporation LLC

Signature of Owner / Owner's Agent (circle one)

Signature of Company Representative

Print Name and Title

Print Name and Title

Date: _____

Date: _____

Signature of Owner / Owner's Agent (circle one)

Witnesses:

Print Name and Title

Date: _____



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HOWEVER, YOU ARE OBLIGATED FOR PAYMENT OF ANY

[REDACTED]
INSURANCE POLICY.

Owner / Owner's Representative
(Must be at least 18 years old)

Greaux Consulting Corporation LLC

Signature of Owner / Owner's Agent (circle one)

Signature of Company Representative

Print Name and Title

Print Name and Title

Date: _____

Date: _____

Signature of Owner / Owner's Agent (circle one)

Witnesses:

Print Name and Title

Date: _____

The AOB must contain a provision that requires the third-party assignee to indemnify

[REDACTED]
reporting agency.

The AOB prohibits the third-party assignee from seeking payment from you in any amount in

