



# Agreement

This agreement **does not obligate** the *Policy Holder(s)* or *AMJ Roofing Inc* in any way **unless the damages are approved** by your insurance company and accepted by *AMJ Roofing Inc*. By signing this agreement, the *Policy Holder(s)* authorize *AMJ Roofing Inc* to pursue the *Policy Holder(s)* best interests for a roof, siding and/or gutter replacement at a price agreed upon by the insurance company and *AMJ Roofing Inc*, with no additional cost to the *Policy Holder(s)* **except for the insurance deductible**. Once a contract price is agreed upon, including all approved supplements, the *Policy Holder(s)* authorizes *AMJ Roofing Inc* to obtain labor and materials in accordance with this agreement to accomplish the replacement or repairs. If the *Policy Holder(s)* insurance policy provides for Actual Cash Value (ACV) only, this contract may become null and void at the discretion of *AMJ Roofing Inc* and/or the *Policy Holder(s)*. The *Policy Holder(s)* can revoke this agreement at any time prior to the delivery of any downpayments made out to *AMJ Roofing Inc* by providing a written notice to all parties involved. Revocation will not affect disclosures made prior to the receipt of the notice.

Policy Holder(s)

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Accepted Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Accepted Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



# Authorization to Disclose and Exchange Information

Date: \_\_\_\_\_

Permitted Party: **AMJ Roofing Incorporated**

Recipient Party: \_\_\_\_\_

Policy Holder(s): \_\_\_\_\_

Claim# \_\_\_\_\_

Policy# \_\_\_\_\_

This document authorizes the disclosure and exchange of all relevant information pertaining to the examination and valuation of all storm related damages sustained to the below listed property of the Policy Holder(s) be conducted between the above specified parties. The Policy Holder(s) are aware that AMJ Roofing Inc. may not act and has not agreed to act as a public adjuster. The intent is to ensure proper coordination of services and transparency.

The Policy Holder(s) authorizes and requests that a AMJ Roofing Inc representative be present during any inspections conducted by the recipient party representative assigned to this claim as well as to discuss the scopes of work, price of work and any supplements, changes or additions related to this claim.

The Policy Holder(s) can revoke this authorization at any time by providing written notice to all parties involved. Revocation will not affect disclosures made prior to the receipt of the notice.

By signing this document, the Policy Holder(s) acknowledges that they understand the purpose of the disclosure/exchange of information and consent to the release of the specified information.

Policy Holder(s)

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_