**HAZMAT CLEANUP, LLC.**

936 Lucas Ln. Oldsmar, FL 34677 (352) 300-8860

**CONSENT / CONDITIONS FOR BIO-MEDICAL CLEANING, REMEDIATION AND RESTORATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ("guarantor"), Hereby authorize Hazmat Cleanup, LLC. "HC"

to perform all necessary cleaning and remediation of this property located at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guarantor Agreement:**

I hereby agree that I am obligated to pay and unconditionally guarantee payment to HC for its services. I hereby further agree that payment in full is required on a timely basis regardless of whether any third party payment is pending. The mutually agreed upon payment for services performed at the above address.

**Indemnify and Release**

The Guarantor agrees to hold harmless HC and their agents and employees from all claims, losses, and expenses related to the disposal of personal property deemed a biohazard and necessary to be removed such as personal effects, carpet, tile, drywall, cabinets, etc, located at the above address.

**Assignment of Insurance Benefits**

I, hereby, assign any and all insurance rights, benefits, proceeds and any causes of action under *any* applicable insurance policies to HC, for services rendered or to be rendered by HC. In this regard, I waive my privacy rights. I make this assignment in consideration of HC's agreement to perform services and supply materials and otherwise perform its obligations under this contract, including not requiring full payment at the time of service. I also hereby direct my insurance carrier(s) to release any and all information requested by HC for the direct purpose of obtaining actual benefits to be paid by my insurance carrier(s) for services rendered.

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Hazmat Cleanup Representative Representative of Insured/Guarantor Signature

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Insurance Co. and Policy # Print Signature Above (Relationship & Date)