



RESTORATION, LLC
www.stormdamagecrew.com | License BC747170



Insurance Claim Authorization Form

SDC Restoration, llc.

Minnesota Contractor License: BC747170

Cindy Bossert | Project Manager:

612-267-3865 | cindy@CB3Construction.com

Chris Bossert | General Contractor

612-207-8911 | chris@sdcrestoration.com

Authorization to speak with, communicate to, and share information within the scope of the property damage insurance company loss statement and open Claim:

I _____ Property Owner / Insured, hereby authorizes SDC Restoration LLC to have the complete authorization to speak with, share information, and communicate to regarding:

Homeowner Insurance Information

Insurance Company Name: _____

Insurance Account Number: _____

Claim Number: _____

Property Street: _____

City: _____, State: _____ Zip: _____

Authorization Signatures

Property Owner: _____ Date: _____

Secondary Owner: _____ Date: _____

Contractor/Project Manager: _____ Date: _____



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