



RESTORATION, LLC
 www.stormdamagecrew.com | License BC747170



I/We, owner of the property located at _____
 Agree to have SDC RESTORATION LLC represent me/us and assist in obtaining my/our insurance company's good faith approval for the funds needed for restoration and repairs to said property.

If the insurance company does not agree to pay for needed repairs, this agreement is automatically terminated.

In such event, the property owner will not owe anything to SDC Restoration and SDC Restoration will not be required to perform any restoration and repairs to said property.

Property owner agrees that SDC Restoration will perform the repairs to the said property in accordance with the insurance company's damage and work scope. The property owner will pay to SDC Restoration all checks from the insurance company, including:

1. The initial check (ACV) that comes with the detailed work scope from the insurance company at this time property owner will be assisted in selecting any available options. SDC Restoration then orders all materials, schedules work to be done, and orders all inspections during and after repairs and installation.
2. The depreciation/supplement check that the insurance company pays after final inspection.
3. All Supplemental funds from the insurance company for unseen costs. If these occur, they will be negotiated by SDC Restoration and they are paid by the insurance company.
4. Any upgrade that is selected will be due on completion.

Legal Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Policy Holder Signature: _____ Email: _____

Rep Signature: _____ Rep Phone: _____

Insurance Company: _____ Phone: _____

Policy Number: _____ Claim Number: _____

Loss Date: ____/____/____ Time: ____:____ Adjuster Appt. Date: ____/____/____ Time: ____:____

Damage: _____

Adjuster's Name: _____ Mobile: _____



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