

Letter of Intent Commercial Agreement

I/we, the building owner/policy holder of the property located at the address below, agree to have _____/Commercial Roofing Company represent me/us as the roofing professional and assist in obtaining the 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 an event, the property owner will not owe anything to Commercial Roofing Company and said contractor will not be required to perform any restoration or repairs to property.

If the insurance company does agree to pay for needed repairs, the property owner agrees to work with said Commercial Roofing Company and that the Commercial Roofing Company 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 the Commercial Roofing Company 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 the property owner will be assisted in selecting any available options. Roofing Company then orders all materials, schedules work to be done, and orders all inspections during and after repairs and installation. Roofing Company will perform every step in the restoration process.
- 2.The depreciation/supplement check that the insurance company pays after final inspection.
- 3.All supplemental funds from the insurance company for unforeseen costs. If these occur, they will be discussed by the Roofing Company and they are paid by the insurance company.
- 4.The Roofing Company is authorized to communicate directly and share documentation with the policy holder's insurance company on behalf of the insured and in conjunction with the policy holder.

Please fill out details below that apply:

Roof/Building Address: _____

City: _____ **State:** _____ **Zip:** _____

Has a claim been started? Y or N Insurance Company: _____

Claim Number: _____ **Loss Date:** ____/____/____

Building Owner/Policy Holder's Printed Name: _____

Phone Number: _____ **Email:** _____

Building Owner/Policy Holder's Signature: _____ **Date:** ____/____/____

"We look forward to serving you as your commercial roofing solution."