



**COMPANY NAME**  
Company Address Here

## Letter of Intent / Signed Agreement

I/We, owner of the property located at \_\_\_\_\_ agree to have \_\_\_\_\_ (Roofing Company) represent me/us 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 Roofing Company; and said contractor will not be required to perform any restoration or repairs to property.

The property owner agrees that 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 Roofing Company all checks from the insurance company, including:

- 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 process.
- The depreciation/supplement check that the insurance company pays after final inspection.
- All supplemental funds from the insurance company for unforeseen costs. If these occur, they will be negotiated by Roofing Company and they are paid by the insurance company.
- Roofing Company is authorized to communicate directly and share documentation with the insured's insurance company on behalf of the insured.
- Any upgrade or client change order that is selected will be due upon completion.

Building Address: \_\_\_\_\_

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

Building Owner's Name/Policy Holder's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Loss Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building Owner/Policy Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Roofing Company Owner's or Salesman's Signature Here**

Your Printed Name Here, Owner



123 Anywhere St.,  
Any City, ST 12345



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