ROOFING AGREEMENT

Date:_____ Claims Managers Name: _____

Homeowner(s) _____

Property Address: _____

_____

__ 1 Story __ 2 Story Email Address:_____

Telephone (h) _____ (w) _____ (c) _____

Insurance Company _____ Policy No. _____

Deductible: _____ Claim_____

Other: _____

_____

Company will install new, full/partial roof and/or other home repair upon approval of insurance claim by Homeowner's Insurance Company. If Insurance Company does not approve a complete replacement value roof claim, this Contract will be null and void and Homeowner shall owe Company nothing. **The only cost to Homeowner will be their deductible.** Homeowner shall give, endorse over all insurance proceed checks to Company, including any supplement or supplemental payments made by insurance Company. Company will consider perform partial roof replacement. Company is authorized to do the work outlined in the Scope of Work and approved by Insurance Company which is attached hereto as Exhibit "A" and incorporated herein by reference. By my signature below, I agree to the terms and conditions contained in this Roofing Agreement. I acknowledge receipt of a copy of this Roofing Agreement

This ____ day of _____, 2010.

Homeowner _____ (signature)

_____ (printed name)

Homeowner _____ (signature)

_____ (printed name)

Company: _____ (signature)

_____ (printed name)