ROOFING AGREEMENT

Date:	Claims Managers Name:
Homeowner(s)	
Property Address:	
1 Story 2 Story Email A	ddress:
Telephone (h)	_ (w) (c)
Insurance Company	Policy No
Deductible: Claim	
Other:	
	/partial roof and/or other home repair upon approval of insurance claim by Insurance Company does not approve a complete replacement value roof
claim, this Contract will be null and vo	oid 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
	or supplemental payments made by insurance Company. Company will consider inpany is authorized to do the work outlined in the Scope of Work and approved
by Insurance Company which is attack	hed 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)