



ServiceMaster of Muskoka and Parry Sound

Division of T & W Cleaning Services Ltd.

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STATEMENT OF AUTHORIZATION

Name of Customer: _____

Address: _____

Phone Number(s): _____

Insurance Company: _____ Adjuster _____

Claim # _____ Policy # _____

I hereby authorize **ServiceMASTER® of Muskoka & Parry Sound** to proceed with the necessary repairs and/or cleaning to my dwelling and/or contents as a result of _____ on _____

I hereby agree to pay **ServiceMASTER® of Muskoka & Parry Sound** the sum of \$_____ that represents the deductible not paid by the policy of insurance.

I hereby direct my insurer to pay **ServiceMASTER® of Muskoka & Parry Sound** the cost of repairs and/or cleaning approved by my adjuster.

INSURED QUESTIONNAIRE:

Are you aware of any prior water damage? Y N

If yes, explain (type of water, how long ago, etc.). _____

Are you aware of any pre-existing mold/mildew? Y N

If yes, explain (location, cause, etc.) _____

Does anyone living in the building have any pre-existing health sensitivities or respiratory problems? Y N

Please List _____

NOTE: I understand that I am liable for any and all charges not covered by my insurance company. I further understand that the total cost of cleaning and/or repairs shall be made payable on or before thirty (30) days after completion of work or upon receipt of insurance payment, whichever comes first. I also accept responsibility for any equipment left on premises in conjunction with the restoration services.

In order to facilitate the restoration process, I hereby provide my consent and authorization to ServiceMaster of Muskoka and Parry Sound and it's representatives for the following: to enter into my premises as may be required; to take photographs of affected areas or items as may be necessary or expedient; to remove from my property material samples, debris or contents as may be required; to collect, use and disclose both personal information as well as material samples as may be required to provide restoration recommendations and services necessary and for the purpose of enabling my insurer to investigate my claim and for any such other lawful purpose in accordance with applicable federal and provincial laws as such may apply.

Homeowner/Customer _____ Date _____

Witness _____ Date _____