



ServiceMaster of Muskoka and Parry Sound

Division of T & W Cleaning Services Ltd.

35 E. P. Lee Drive, Bracebridge, Ontario, P1L 1W5

Office: (705) 645 8555 – (800) 361 8814 Fax: (705) 645 2691

Email: admin@servicemasterofmuskoka.com Web: www.servicemasterofmuskoka.com

**EMERGENCIES**  
**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 emergency 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. (You will be advised of any additional work required.) I further understand that these charges shall be made payable on or before fifteen (15) days after completion of work.**

I also accept responsibility for any equipment left on premises in conjunction with the restoration services. Please do not turn off or alter equipment without first contacting our office. Do not allow children or pets around equipment. *(The customer understands that they are responsible for the loss or theft of equipment while in their care, custody and control.)*

In order to facilitate the restoration process, I hereby provide my consent and authorization to *ServiceMaster of Muskoka and Parry Sound* and its 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 \_\_\_\_\_