



ServiceMaster of Muskoka and Parry Sound

Division of T & W Cleaning Services Ltd.

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CERTIFICATE OF SATISFACTION

I have thoroughly reviewed all of the workmanship provided by **ServiceMaster of Muskoka & Parry Sound**, an independent contractor approved under the Restoration Services Vendor Program provided by your Insurer, TD Meloche Monnex (Primum Insurance Company, Security National Insurance Company, TD Home and Auto Insurance Company or TD General Insurance Company). I now certify that as of the date indicated below; this workmanship was completed to my satisfaction and in accordance with the Authorization to Proceed with Work form for the approved insurance loss-related repairs as estimated for the loss location indicated below.

Claim Number

Loss Location

Work completed on the _____ day of _____ (month) , _____ (year).

Policyholder (#1) Name / Date

Policyholder (#1) Signature

Policyholder (#2) Name / Date

Policyholder (#2) Signature

Witness Name / Date

Witness Signature

Signed this _____ day of _____ (month) , _____ (year).

ServiceMaster of Muskoka & Parry Sound File Number