

Mailing Address: P.O. Box 600369, St. Johns, FL 32260 Office Address: 1629-102 Racetrack Road, St Johns, FL 32259 Contact Leigh Gardner #: 904-955-0035 Disaster Response 24/7 #: 877-279-6303

WORK AUTHORIZATION AND CONTRACT

WORK AUTHORIZATIO	IN AND CONTRACT
Property Owner's Name(s):	Date:_09/2017 HURRICANE IRMA
For reconstruction repairs and/or service at the property address:	
Home Phone:	Work Phone:
Mobile Phone:904 Alternate N	lobile Phone:
Email Address:	
SCOPE OF WORK: Contractor shall furnish labor and Materials to complete the below designated services and/or repairs for the building or other property required as a result of property damage. Repairs may begin immediately provided the contractor and adjuster have verbal agreement to a scope of work. However, a written scope of work must follow within 20 days for work to continue. Emergency Services Building Permitting Reconstruction Repairs PAYMENT: Owner has an insurance policy to provide payment for the work completed under this agreement. Owner agrees to pay Contractor, for all insured work an amount agreed upon between Contractor and Owner's insurance company per the Scope of Work. Owner agrees, if required by Contractor, to cooperate with Contractor and Mortgagee in order to provide monthly progress payments, based on the amount of work completed, or in accordance with a Draw Schedule, to be furnished at a later date. Any work not covered by insurance shall be paid by the Owner. (See EXCLUSIONS) TERMS: Owner agrees (subject to receipt of insurance proceeds, if applicable) to make all progress payments within 10 days after invoicing and final payment within thirty (30) days after completion. Interest at the rate of 1% per month shall accrue on any unpaid balance. Owner shall be responsible for reasonable attorney's fees and court costs in the event that legal action is necessary to collect any unpaid balance. DIRECTION TO PAY: Owner, by execution of this contract hereby agrees to pay Contractor such amount that is due under the	construction scope agreement hereunder. Owner hereby directs such insurance company to include "Mastercraft Builder Group, LLC" as copayee on any draft or check issued for this work. EXCLUSIONS: Contractor shall not be responsible for the repair of termite or other hidden damage; or for the correction of building, fire, of housing code violations, should they exist (unless otherwise included in the written "Scope of Work". This work may be done by change order. MISCELLANEOUS PROVISIONS: Contractor carries general liability and worker's compensation insurance. A Certificate of Insurance will be furnished upon request. Unless otherwise stated, the Contractor is not responsible for utilities used during the course of construction. The person executing this Agreement represents and warrants that he/she has authority to contract for the Work and bind the legal entity that owns the property. GUARANTEE: Contractor guarantees all work performed under this contract for a period of one year from completion, provided Contractor has been paid in full under this contract. FLORIDA HOMEOWNERS CONSTRUCTION RECOVERY FUND Payment may be available from the Florida Homeowners Construction Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida laby a licensed contractor. For information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following telephone and address: Construction Industry Recovery Fund 1940 North Monroe Street, Suite 42 Tallahassee, Fl 32399.
By signing below, I (we) authorize the initiation of work to be scheduled:	MasterCraft Builder Group, LLC, CBC1250726
Owner(s):Print Name	Contractor:Leigh Gardner Print Name
Accepted:Signature	Accepted: Signature
Date:	Date:09/2017

INSURANCE RESTORATION