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Authorization to Repair

Insured _____

Claim Number _____ Date of Loss _____

Insurance Company: _____

Adjuster Name & Phone: _____

Property Address: _____

Financial Institution: _____

Property Claims Department: _____

Loan Number: _____

To whom this may concern,

I/We have agreed to use Construction Labor Services, LLC (CLS,LLC) as our contractor of choice for repair of damages and authorize them to perform repairs as indicated on their estimate due to a loss at the above mentioned address. I understand that the use of CLS, LLC is a voluntary choice and have had the opportunity to choose any independent contractor and/or independent service provider outside that of those recommended by the insurance company. Furthermore I understand Construction Labor Services works for me and not the insurance company.

The undersigned hereby authorizes the disclosure and release of any and all related information in your possession, including but not limited to the insurance proceeds, loan terms, mortgage status, principle balance/ payoff, financial, debt and tax information, disbursement schedules, inspection schedules, and/or any other related materials or needed documentation in order to complete the demolition, improvement, repair, new construction, to Construction Labor Services, as required, until further notice.

This authorization is not a final scope of work, property owner shall be given a complete Contract for Services once the property and insurance company have agree to settle. This Authorization is valid until all waiver of lien releases and a certificate of occupancy is given to said homeowner. I agree to pay my contractor and/or independent service provider for any and all repairs, additional improvements, change orders made at my direction, that either are or are not covered under my policy.

Thank you for your business and cooperation.

Homeowner / Daytime Phone

Notary

Homeowner / Daytime Phone
