



S.A. Sullivan Builders, LLC.

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Residential – Commercial Construction

New – Restoration - Renovation

**Work Authorization and Payment Terms**

Homeowner must initial next to work they are authorizing:

Exterior Temporary Repair \_\_\_\_\_ EMS \_\_\_\_\_ Interior Drying \_\_\_\_\_ Demolition \_\_\_\_\_

Environmental Remediation \_\_\_\_\_ Pack out \_\_\_\_\_ Contents Cleaning \_\_\_\_\_ Re-construction \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ **House built before 1978 (circle) YES NO**

I hereby authorize S.A. Sullivan Builders, LLC to prepare an estimate, on my behalf, with my insurance company to come to an agreed scope of work on the loss that I have incurred. I understand that this will in turn be processed into an estimate, which will be used for contract purposes. **I understand that I must pay my deductible of \$\_\_\_\_\_ upon receipt of the deductible invoice in order to activate my warranty.** No deviation from this scope of work will be allowed without my written authorization, and signed by both parties. I also understand and authorize my insurance company to deal with my contractor regarding pricing on the set scope of work or estimate and if needed issue payment direct to my contractor. Any change in my out of pocket expenses must be authorized by me and S.A. Sullivan Builders, LLC. I understand that S.A. Sullivan Builders, LLC has been hired on my behalf to restore my home to its pre-loss condition. **I understand that it is my responsibility as the homeowner to repair the initial cause of loss if applicable (initial).** \_\_\_\_\_. Should I request S.A. Sullivan Builders, LLC to do any other work; a separate contract would be required with separate payment arrangements between myself and S.A. Sullivan Builders, LLC and signed by both parties before work starts. All work will be done per the EPA/RRP rule, including cleaning verification.

I hereby understand and accept the above terms and conditions. You may begin work as outlined in the Scope of work.

The undersigned authorizes and directs the insurance company to make payment directly to SA Sullivan Builders, LLC, and hereby gives SA Sullivan Builders, LLC limited Power of Attorney, which is coupled with an interest to endorse any check pertaining to the claim listed above. I also agree to pay any court costs or attorney fees incurred to collect on this account.

**S.A. Sullivan Builders, LLC will be working off the estimate number \_\_\_\_\_ in the amount of \$\_\_\_\_\_.**

**If this work authorization is being used for emergency services, a detailed estimate will be presented and explained to the homeowner before reconstruction begins.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

S.A. Sullivan Builders, LLC (Representative): \_\_\_\_\_

Any special conditions of this contract must be noted and accepted as part of this agreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed (Homeowner): \_\_\_\_\_ Date: \_\_\_\_\_

S.A. Sullivan Builders, LLC (Representative): \_\_\_\_\_