

DE
GENERAL
SERVICE AUTHORIZATION

I (WE) _____ HEREBY AUTHORIZE DE

NAME OF INSURED/POLICY HOLDER

GENERAL TO PERFORM RESTORATION SERVICES AT MY (OUR) PROPERTY

LOCATED AT _____
ADDRESS OF PROPERTY WHERE WORK IS TO BE PERFORMED

FURTHERMORE, I (WE) UNDERSTAND THAT **DE GENERAL** IS NOT MY (OUR) INSURANCE COMPANY OR AFFILIATED WITH MY (OUR) INSURANCE COMPANY. I (WE) UNDERSTAND THAT **DE GENERAL** IS AN INDEPENDENT CONTRACTOR HIRED BY ME (US) TO PERFORM RESTORATION SERVICES TO MY (OUR) PROPERTY. I (WE) HEREBY AUTHORIZE _____ TO PAY
NAME OF INSURANCE COMPANY
DE GENERAL DIRECTLY FOR THAT PORTION OF WORK COVERED BY INSURANCE. IF FOR ANY REASON THE INSURANCE COMPANY CANNOT PAY THE CONTRACTOR DIRECTLY, THEN I (WE) AUTHORIZE THE INSURANCE COMPANY TO INCLUDE **DE GENERAL** ON ALL CHECKS OR DRAFTS PERTAINING TO MY (OUR) CLAIM. IF FOR ANY REASON, THE CHECK FOR PAYMENT SHOULD COME TO ME (US), I (WE) AGREE TO PAY **DE GENERAL** IMMEDIATELY UPON RECEIPT OF PAYMENT.

Toll Free: 877.566.3488 ▪ Fax: 256.234.3043
Mailing Address: PO BOX 2398 ▪ AUBURN AL 36831
ALABAMA ▪ MISSISSIPPI ▪ FLORIDA ▪ LOUISIANA



SIGNATURE OF INSURED _____ DATE _____

SIGNATURE OF INSURED _____ DATE _____

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