

**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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