



Contact Information:

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|------------------|--------------------|------------|-------------------|
| Owner | | Home Phone | Insurance Company |
| Address | | Cell Phone | Policy # |
| City, State, Zip | | Work Phone | Claim # |
| Sales Person | Sales Person Phone | Email | Loss Date |

DIRECT PAY AND COMMUNICATION AUTHORIZATION

I/we, the above referenced Owner, authorize and direct my above identified Insurance Company and my mortgage lender _____ to communicate directly with Next Level Seamless Gutters/Exteriors Inc. ("Contractor") and its agents regarding all information relating to my above referenced insurance related loss, claim, its coverage, and loss payment, including without limitation supplements, contractor overhead and profit, scope of work, recoverable and non-recoverable depreciation, payments made on the claim and their disbursements. Contractor is authorized to negotiate the scope and price of repair with my Insurer.

I/we, the above referenced Owner, authorize my insurance company and my mortgage lender to provide Contractor with all documents requested by Contractor relating to the Claim Information, including without limitation claim loss summaries, repair cost and scope estimates, and loss payments.

I/we, the above referenced Owner, authorize my insurance company to make all checks for work performed by Contractor for restoration work on the above referenced claim jointly payable to Contractor.

AUTHORIZATION SIGNATURE

Date

Owner's Signature

Owner's Signature