

CSAA – DIRECT REPAIR NETWORK

AUTHORIZATION TO PROCEED WITH REPAIRS

I hereby authorize **Mark Scott Construction, Inc.** (contractor) to perform the repair work needed as a result of my claim for damages which occurred at my property located at _____ to conform with the scope and repair price outlined in the attached estimate. In the event that additional repairs as required which are not included in the initial estimate, the contractor shall identify the additional work in writing and obtain approval from both **CSAA-HB** and myself. If such approval is not being obtained, no additional work will be authorized and payments for this work will not be furnished.

If I am dissatisfied with the work with the Contractor, I am entitled to terminate the Contractor's services.

I understand the **CSAA-HB** will include the name of the Contractor on the settlement draft. And that I will be responsible for payment to the Contractor, once I am satisfied with the work completed, and for any applicable deductible or other amount not covered by my insurance policy.

Date: _____

Signature: _____

Claim Number: _____

Date of Loss: _____

<p>To be completed by the contractor:</p> <p>Estimator: _____</p> <p>Project Manager: _____</p> <p>Repair Start Date: ____/____/____</p> <p>Estimated Completion Date: ____/____/____</p>
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CC: CSAA-HB