



Insured _____ Claim Number _____

AUTHORIZATION TO PAY

I understand this AUTHORIZATION TO PAY extends solely for the services or repair expenses covered by my _____ insurance policy as a result of the above named loss.
Insurance Carrier

I agree to pay and be liable to the independent contractor and/or independent service provider(s) for any services, repairs or additional improvements made at my direction that are not covered under my insurance policy. I have received a copy of the independent contractor's and/or independent service provider(s) final estimate and workmanship labor warranty on the building or structural services/repairs.

I authorize payment on my behalf to _____ Contractor's Name
in the above referenced claim for the amount shown on the final estimate(s) or invoice(s) sent to my insurance by the above named contractor/service provider.

Insured's Signature

Date

Insured's Printed Name