



5 Star Roofing and Restoration LLC

MHIC# 148869

6755 Business Pkwy, Suite 401

Elkridge, MD 21075

CONTINGENCY AGREEMENT

I/We, owner of the property located at _____

Agree to have 5 Star Roofing and Restoration LLC represent me/us and assist in obtaining my/our insurance company's good faith approval for the funds needed for restoration and repairs to said property.

If the insurance company does not agree to pay for needed repairs, this agreement is automatically terminated. In such event, the property owner will not owe anything to 5 Star Roofing and Restoration LLC; and 5 Star Roofing and Restoration LLC will not be required to perform any restoration and repairs to said property.

Property owner agrees that 5 Star Roofing and Restoration LLC will perform the repairs to the said property in accordance with the insurance company's damage and work scope. The property owner will pay to 5 Star Roofing and Restoration LLC all checks from the insurance company, including:

1. The initial check (ACV) that comes with the detailed work scope from the insurance company. At this time, property owner will be assisted in selecting any available options. 5 Star Roofing and Restoration LLC then orders all materials, schedules work to be done, and orders all inspections during and after repairs and installation.
2. The depreciation/supplement check that the insurance company pays after final inspection.
3. All Supplemental funds from the insurance company for unforeseen costs. If these occur, they will be negotiated by 5 Star Roofing and Restoration LLC and we are paid by the insurance company.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

HomePhone: _____ Cell Phone: _____

Insurance Company/Agent: _____ Phone _____

Policy Number: _____ Claim Number: _____

Loss Date: _____ Time: _____ Damage: _____

Adjuster Appt. Date: _____ Time: _____ ADJ. Name: _____ Cell#: _____

Have You Filed A Previous Claim: Yes _____ No _____ If yes, when _____ With who _____

GAF Shingle Color Selection: _____

Policy Holder Signature: _____ Date: ____/____/____ *Customer must Date when signing*

Rep Signature: _____ Rep Phone: _____