



# Nashville Catastrophe Services, Inc.

10-B Public Square North  
Murfreesboro, TN 37130  
Office: 615.904.9800  
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## Insurance Restoration Contract

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Storm Date: \_\_\_\_\_ Type of Damage: \_\_\_\_\_

- I empower **Nashville Catastrophe Services** (hereafter "**NCS**") to contact my insurance carrier and meet with my insurance adjuster on my behalf.
- In the event that my insurance claim denied by my carrier, **I have no financial obligation to NCS.**
- I agree to hire **NCS** to perform all of the restoration work approved by my insurance carrier, and that no work approved by my insurance carrier will be performed by another contractor or individual.
- **NCS** agrees to furnish all labor and material for the restoration work approved by my insurance carrier at least equal to the current quality of material composition.
- I agree to pay **NCS** the full Replacement Cost Value of my insurance claim, including any supplements and approved Overhead and Profit.
- I approve my insurance carrier to make out any/all insurance checks to **NCS** and the insured.
- I understand that my out of pocket expense will not exceed my deductible except under the following circumstances:
  - Upgrades in material composition or expansion of scope of work.
  - Damaged roof sheathing/decking is required to be replaced at a cost of \$55 per 4'x8' sheet.
- I agree to furnish all necessary documentation to facilitate payment from my insurance carrier and/or Mortgage Company.
- Any changes to this agreement must be in writing and must be approved by **NCS**.

### Notice of Right to Cancel

Insured/Property Owner may cancel this contract at any time within three (3) days of signing. Insured/Property Owner may also cancel this contract at any time within three (3) days of receiving notice that all or part of their claim is not covered under their insurance policy. Insured/Property Owner acknowledges that for cancellation to be valid, a signed and dated written notice must be delivered to NCS within the cancellation period. If I choose to cancel this contract after my claim is approved, I agree to pay 15% of the R.C.V. amount or \$2,000, whichever is greater, as a cancellation fee.

**By signing below, I agree to all of the terms and conditions.**

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

NCS Signature: \_\_\_\_\_ Date: \_\_\_\_\_