

CONTRACTOR NETWORK REFERRAL PROGRAM (CNRP) AUTHORIZATION TO PROCEED WITH WORK

I/we hereby authorize Restoration Contra	acting Services, Inc. (Contractor) t	o commence and perform the repair work
required under claim number		for damages which occurred on
(date of loss)		
Street Address:		
City	State	Zip Code
required which are not contemplated by	this estimate, then the Contractor s y both Liberty Mutual Insurance ar	In the event additional services or work are shall identify those services or work by written and myself in writing. Absent compliance with rk will not be provided.
This Authorization to Proceed with Wor	k is not for use for any non-claim	related work (i.e., remodeling or upgrades).
In the event I am dissatisfied with the perservices.	erformance of the Contractor provide	ded, I am entitled to terminate the Contractor's
Upon completion of the work, I will rev	iew the work thoroughly before sig	gning a Certificate of Satisfaction.
be responsible for paying to the Contrac	tor any deductible or other amount	ontractor on the settlement check, and that I will not covered by my insurance policy. Should the ame of the mortgagee(s) on the settlement check
I understand that Restoration Contractin agent or employee of Liberty Mutual Ins repairs performed by the Contractor for	surance, but that Liberty Mutual In	independent Contractor and does not act as an surance does guarantee the workmanship of
Authorized By (Signature):		
Policyholder Signature		Date
Policyholder Print		

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