



**CONTRACTOR NETWORK REFERRAL PROGRAM (CNRP)
CERTIFICATE OF SATISFACTION**

I/we have thoroughly reviewed all of the work performed and completed by Restoration Contracting Services, Inc., an Independent Contractor for the Liberty Mutual Insurance Contractor Network Referral Program (CNRP) with regard to claim number _____ for the loss location of:

Street Address: _____

City _____ State GA Zip Code _____

I/we certify that all work performed and materials supplied by the Contractor, Restoration Contracting Services, Inc., in accordance with the attached Authorization to Proceed with Work and Estimate, have been done to my satisfaction. I agree that payment due for depreciation withheld may be mailed to Restoration Contracting Services, Inc. (Contractor).

Signed this (date) _____ day of (month) _____, (year) _____

Customer/Insured Signature

Customer/Insured Printed Name

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