



**CONTRACTOR NETWORK REFERRAL PROGRAM
(CNRP)
EMERGENCY SERVICE**

Restoration Contracting Services, Inc., an Independent Contractor for the Liberty Mutual, Contractor Network Referral Program (CNRP), has performed emergency services at my property.

DIRECTION OF PAYMENT:

I authorize and instruct Liberty Mutual to pay Restoration Contracting Services, Inc. direct for the work performed.

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

Customer/Insured Signature

Customer/Insured Printed Name

Claim Number

**408 Bell Court
Woodstock, GA 30188
Email: RCS@fireandstorm.net
Phone: (678) 494-2152
Fax: (678) 494-0582**