Contamon	MIKEALL	
Customer:	Concession	
Address: State: <u>CO</u> Zip:		
Job Address:	229 Dianna Drive Lone Tree, CO 80124	
Phone:	Dhana, 720,024,0000. Email: mileally and deliage authorisans	
Email:Sales/Project Manager:		
Sales/Floject Manager.	-	
Jak Turas	Providing Insurance Claim Services,	
Job Type: Inspection Date		
Insurance Company:		
Claim #:	· · · · · · · · · · · · · · · · · · ·	
Adjuster: Time: Time:	Remodeling and Repair Needs	
Adjustment Date: Time:		
Work To Be Done:		
Total \$ Preliminary project price		
Value which includes my deductible. Any work not being signed by both parties. If any work is not done by "MRC" work done. "MRC" must be paid the Actual Cost Value in	m all work per the Insurance Scope for the amount of the Replacement Cost done by "MRC" must be agreed upon ahead of work starting in writing and per agreement, then I am still Liable for the Replacement Cost Value of the full for all work to be done before work can begin. Initials:	
	m Out OF Pocket work on my property with the scope of the work to be in nade with 50% up front or the actual material cost if greater, and the remaining	
	uent balances not paid within 30 days of satisfactory work completion is t, attorney fees, and cost of collection if assigned to an attorney and/or placed	
legally, and per agreement are required to perform all we trash/debris, and will be paid by "MRC" within 30 days of unless agreed upon in writing. "MRC" will pull all necessary	at Sub-Contractors have provided all necessary documentation to perform work ork to Municipality Code Requirements, clean up and haul away all f satisfactory completion. The customer is not required to pay Sub-Contractors ary permits. "MRC" will provide a lien waiver, company warranty, and ke checks payable to MikeAll Remodeling Concepts. Liability Insurance #ERMITTING!	
Customer Signature:	Date:	
Sales/Project Manager:	Date:	

Customer has 72 hours to cancel this agreement.



