

MACHKOVICH ROOFING, LLC

INSURANCE ROOFING AGREEMENT

DATE: _____

CLAIMS(ADJUSTOR)NAME: _____

HOMEOWNER(S) _____

PROPERTY ADDRESS: _____

1 STORY
 2 STORY

EMAIL ADDRESS: _____

TELEPHONE (H) _____ (W) _____ (M) _____

INSURANCE COMPANY _____ POLICY # _____

DEDUCTIBLE: _____ CLAIM _____

OTHER: _____

Machkovich Roofing, LLC will install new, full/partial and/or other home repair upon approval of insurance claim by Homeowner's Insurance Company. If Insurance Company does not approve a complete replacement value roof claim, this Contract will be null and void and Homeowner shall owe Company nothing. The only cost to Homeowner will be their deductible. Homeowner shall give, endorse over all insurance proceed checks to Machkovich Roofing, LLC, including any supplement or supplemental payments made by Insurance Company. Company will consider perform partial roof replacement. Machkovich Roofing, LLC is authorized to do the work outlined in the Scope of Work and approved by Insurance Company which is attached hereto as Exhibit "A" and incorporated herein by reference. By my signature below, I agree to the terms and conditions contained in this Roofing Insurance Agreement. I acknowledge receipt of a copy of this Roofing Agreement.

DATE: _____

HOMEOWNER(S) _____ (signature)s _____

_____ (print name) _____

MACHKOVICH ROOFING, LLC
P.O.Box 11655 Green Bay, WI 54307

Joseph Machkovich, Owner