## MACHKOVICH ROOFING, LLC

## INSURANCE ROOFING AGREEMENT

DATE: CLAIMS(AD		DJUSTOR)NAME:	
HOMEOWNER(S)			
PROPERTY ADDRESS:	ITY ADDRESS:  BY EMAIL ADDRESS:  BY EMAIL ADDRESS:  BY EMAIL ADDRESS:  BY (M) (M) (M) (M) (M) (CE COMPANY) POLICY #  BLE:  CLAIM POLICY #  BLE:  CLAIM Insurance Company of insurance Company does we a complete replacement value roof claim, this Contract will be null and void and wer shall owe Company nothing. The only cost to Homeowner will be their deductible. Were shall give, endorse over all insurance proceed checks to Machkovich Roofing, LLC, any supplement or supplemental payments made by Insurance Company. Company where perform partial roof replacement. Machkovich Roofing, LLC is authorized to do the med in the Scope of Work and approved by Insurance Company which is attached Exhibit "A" and incorporated herein by reference. By my signature below, I agree to and conditions contained in this Roofing Insurance Agreement. I acknowledge receipt		
1 STORY EMAIL2 STORY	ADDRESS:		
TELEPHONE (H)	(W)	(M)	
INSURANCE COMPANY		POLICY #	
DEDUCTIBLE:	CLAIM		
OTHER:			
approval of insurance claim not approve a complete replied Homeowner shall owe Complete Homeowner shall give, endouding any supplement or will consider perform partial work outlined in the Scope of hereto as Exhibit "A" and incomplete the state of the	by Homeowner's Insuracement value roof class and nothing. The only orse over all insurance supplemental paymer roof replacement. Many Work and approved by the corporated herein by replacement in this Roofing.	rance Company. If Insurance Company does aim, this Contract will be null and void and y cost to Homeowner will be their deductible. proceed checks to Machkovich Roofing, LLC ats made by Insurance Company. Company chkovich Roofing, LLC is authorized to do the by Insurance Company which is attached eference. By my signature below, I agree to	
DATE:			
HOMEOWNER(S)	(s	signature)s)	
	()	print name)	

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