

FERRO Canada Inc.



Work Authorization/Contract

Project Manager:

Date (mm/dd/yy):

Job Number:

Claim Number:

To:

And To:

Insurance Co:

Policy Number:

The undersigned, as the owner/agent of the PROPERTY located at:

Address:

City:

Province:

Postal Code:

Home Phone #:

Deductible:

Mobile Phone #:

The PROPERTY OWNER hereby authorizes the COMPANY and any of its Sub-contractors to enter and carry out restoration services at the above noted PROPERTY.

The PROPERTY OWNER acknowledges that the property under restoration is a work zone until all restoration has been completed. As a work zone the site may present certain hazards, and as such the PROPERTY OWNER's own risk upon entering.

Upon receipt of this signed authorization and payment of your insurance deductible to: _____, we will commence with the scheduling of the restoration work.

Property Owner Signature: _____

Property Owner Name (printed): _____

Date: _____

This form must be signed and an original hard copy delivered to Ferro Canada Inc.