

# JOSEPH2 UNLIMITED

9056 Balin Court

Pikesville, MD 21208

410.484.1119 phone

800.634.1848 fax

## SUBJECT-TO-AGREEMENT

THIS AGREEMENT IS SUBJECT TO INSURANCE COMPANY APPROVAL

Name: \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ Zip: \_\_\_\_\_

### SPECIFICATIONS

- ☐ Grade of Shingle: \_\_\_\_\_
- ☐ Style of Shingle: \_\_\_\_\_
- ☐ Color of Shingle: \_\_\_\_\_
- ☐ Ridge Material: \_\_\_\_\_
- ☐ Valley: \_\_\_\_\_
- ☐ Vents: \_\_\_\_\_ Plumbing Stacks: \_\_\_\_\_
- ☐ Tear OFF: \_\_\_\_\_ NO Layers: \_\_\_\_\_
- ☐ Felt: \_\_\_\_\_
- ☐ Pitch: \_\_\_\_\_ Stories: \_\_\_\_\_

Remove trash from roof, gutters, yard.

Protect landscaping where needed.

Roll yard with a magnetic roller.

Furnish permits (If required).

Company Limited Warranty \_\_\_\_\_ years

### SPECIAL ATTENTION AREAS

Existing Driveway Damage: \_\_\_\_\_ Yes \_\_\_\_\_ No

Skylights: \_\_\_\_\_

Existing leaks: \_\_\_\_\_

Interior Damage: \_\_\_\_\_

Replace Plywood @ \_\_\_\_\_ per sheet if needed

**DISCLAIMERS:** Disconnection or reconnection of any electrical vents; Removal or installation of any solar panels; Satellite Realignment; incidental and consequential interior damage; driveways.

Customer's Initials: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT SCHEDULE

"Personal Checks must be made to Joseph2 Unlimited"

Amount Paid by Insurance Company	\$ _____
Supplement	\$ _____
O & P	\$ _____
Upgrades	\$ _____
Additional Work Requested by Customer	\$ _____

**TOTAL Agreement Amount** \$ \_\_\_\_\_

Any upgrade(s) or additional work requested by customer that is not approved by customer's insurance company will be customer's responsibility and will become part of this agreement.

### PAYMENTS DUE- Joseph2 Unlimited

	DATE	AMOUNT
Deductible	_____	\$ _____
First Check	_____	\$ _____
Final Payment	_____	\$ _____

### ACKNOWLEDGEMENT

PRIOR TO CONSTRUCTION, I (WE), THE CUSTOMER, AGREE TO PAY JOSEPH2 UNLIMITED THE AMOUNT OF THE FIRST CHECK(S) I RECEIVE FROM MY INSURANCE COMPANY. CUSTOMER ALSO AGREES THAT UPON RECEIPT OF THE BALANCE OF THE FUNDS DUE FROM THE INSURANCE COMPANY, FINAL PAYMENTS WILL BE MADE TO JOSEPH2 UNLIMITED. CUSTOMER INITIALS \_\_\_\_\_

**TERMS:** This agreement does not obligate the homeowner or Joseph2 Unlimited in any way unless it is approved by the insurance company and accepted by Joseph2 Unlimited. By signing this agreement the homeowner authorizes Joseph2 Unlimited to pursue the home owner's best interest for a restoration service at a "price agreeable" to the insurance company and Joseph2 Unlimited with no additional cost to the homeowner except the deductible. When "price agreeable" is determined it shall become the final contract price of \$ \_\_\_\_\_ and homeowner authorizes Joseph2 Unlimited to obtain labor and material in accordance with the "price agreeable" and the specifications above. Any and all monies received from the insurance company as general contractor overhead and profit, supplements and/or cost increases will be paid to Joseph2 Unlimited in addition to contract price above. Homeowner authorizes insurance company to include Joseph2 Unlimited on any and all insurance claim checks.

**You, the client, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. The client may incur a 25% cancellation fee after 3<sup>rd</sup> business day for services rendered by Joseph2 Unlimited.**

Accepted by Customer on: Date \_\_\_\_\_ By: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Claim #: \_\_\_\_\_

Field Representative: \_\_\_\_\_ Countersigned: \_\_\_\_\_