

WORK AUTHORIZATION FOR REPAIRS AND DIRECTION OF PAYMENT

DATE: _____ CLAIM #: _____ DATE OF LOSS: _____

INSURED: _____

ADDRESS: _____

CSAA has made available contracting and flooring services provided by general contractors and flooring contractors that are members of the CCA Global Partners, Inc. ("CCA") Lionsbridge Contractor Group and/or the CCA flooring program. I/we have agreed to hire

_____, a CCA member contractor. I understand the use of a CCA contractor is voluntary as I may choose any independent contractor. I also understand CSAA Insurance Group does not manage CCA contractors and is not responsible for their work.

I/We

- authorize CCA contractor to perform repairs as indicated on their estimate.
- understand CSAA Insurance Group will pay for repairs of damage covered by the policy subject to the deductible and the policy's terms and conditions.
- will timely sign a Certificate of Satisfaction when repairs are satisfactorily completed so that payment can be made to CCA contractor for my/our covered repairs.
- understand that the deductible, if not already satisfied, is my/our responsibility, as are the cost of any additional work, flooring upgrades and/or additional services not covered under the policy.

DATE: _____ INSURED: _____

DATE: _____ INSURED: _____

DEDUCTIBLE AMOUNT \$ _____

To be complete by the contractor

Repair Start Date: ____ / ____ / ____ Time: ____ : ____ am pm

Estimated Completion Date: ____ / ____ / ____

