



Authorization for repairs and payment

DATE: _____ **CLAIM #** _____

Insured: _____

Type of damage: _____ **date of loss:** _____

ADDRESS: _____

DEDUCTIBLE AMT: \$ _____ **Time of arrival** _____

I/We do hereby authorize and direct Edge Environmental LLC to provide asbestos abatement services to the above described property within the scope and estimate to be submitted for approval to your insurance company's claims office. Further, I/We as the insured, authorize payment for these mitigation services to be made directly to: Edge Environmental, Inc. Any dispute arising out of this agreement shall be resolved in the county or district court for the City and County of Denver and all parties agree to the jurisdiction and venue thereof.

Insured: _____ **date:** _____

Insured: _____ **date:** _____