

Gemini Restoration, Inc.

725 Lehigh Ave*Union, New Jersey 07083
(908) 686-7777* Fax (908) 686-3401

AUTHORIZATION

I hereby authorize Gemini Restoration, Inc., to proceed with C.O.D water mitigation from Hurricane Irene.

Signature: X _____ Date: _____

Print Name: _____ Phone: _____

CERTIFICATE OF SATISFACTION AND DIRECTION TO PAY

Insured _____

Loss Address _____

Insurance Company _____ Type of Loss _____

Claim # _____ Policy # _____ Date of Loss _____

This assignment also authorizes & directs the above named customer, to **PAY DIRECTLY TO GEMINI RESTORATION, INC.**, the amount of periodic and or final statement(s) for the services rendered. It also authorizes the above named Insured to provide **Gemini Restoration, Inc.**, necessary information pertaining to the adjustment of this claim.

Should direct payment not be possible, the undersigned hereby authorizes and directs the above named Insurance Co., to name **Gemini Restoration, Inc.**, as an additional payee on the settlement draft payable to Gemini relative to the above named loss. **Due to the possibility of power loss, Gemini Restoration INC is not liable for mold growth. It is not possible to thoroughly dry-out a structure without power.**

Gemini Rates: \$450 1st hour - \$250.00 each additional hour - \$125.00 each ½ hour – Fan(s) \$150.00 per fan left for 5-day minimum-\$30.00 per day. Dehumidifier(s) \$450.00 left for 5-days-\$90.00 per day. \$250.00 per pump. \$150.00 per generator. \$550.00 for a 10 yard dumpster and \$900.00 for a 20 yard dumpster.
All work has been completed to the insured's complete satisfaction and approves payment for these services.
Payment must be made upon completion by check or credit card.

Signature: X _____ Date: _____

Comments: _____