



301 Feise Commercial Drive, Lake St Louis, Missouri 63367 Telephone: 844-999-9246 Fax: 636-327-1953

Emergency Work Authorization and Direction of Payment

James Ross

40 Burroughs way the undersigned, referred to as "Customer," authorizes Timber Warriors, LLC (a Missouri Company), referred to as "Contractor," to perform Emergency Services in the form of tree removal and/or temporary tarp placement as needed within policy limits, which occurred due to a loss sustained on or about 02/25/2022. Customer understands that the intent of these "Emergency Services" is to minimize damage to Customer's property through proper mitigation in accordance with the IICRC standards.

I/We understand that the contractor has no connection with an insurance company or its adjuster and that we alone have the authority to authorize Contractor to provide such services and/or temporary repairs.

Authorization to Pay/Power of Attorney

Customer authorizes NBIC Insurance Company, referred to as "Insurance Company," to pay Contractor solely and directly for that portion of the work covered by Customer's insurance policy for Claim # N82040.

1. Customer directs that Insurance Company shall issue payment on Customer's behalf directly to Timber Warriors, LLC, or its designated affiliate in the above referenced claim. If, for any reason, Customer receives payment from Insurance Company in any form and made payable to Customer, Customer agrees to pay Timber Warriors immediately upon receipt of the payment. If Customer receives payment from Insurance Company in any form and made payable to Customer and Timber Warriors, jointly, Customer agrees to properly endorse said payment and deliver to Timber Warriors immediately. If Timber Warriors receives payment from Insurance Company and made payable to Customer and Timber Warriors, jointly, then Customer hereby appoints Timber Warriors, LLC as it is attorney-in-fact, specifically authorizing Timber Warriors to endorse Customer's name on Insurance Company checks or drafts, and to accept Insurance Company checks or drafts as payment for Timber Warriors services. If the Contractor should bring legal action to collect monies due under this Agreement or if the matter should be turned over by Contractor for collection due to non-payment by Customer, Contractor shall be entitled to the fullest extent permitted under law, to reasonable legal fees and costs of any such collection effort, in addition to any other amounts owed by Customer. The parties further recognize and acknowledge that the Contractor operates out of and is headquartered in Missouri. This agreement shall be governed by the laws of the State of Missouri without regard to its conflicts of laws rules. Contractor and Customer each Irrevocably agree to submit to the exclusive Jurisdiction of the St. Louis County Circuit Court, Clayton, Missouri, in the event any action or proceeding is commenced by either party arising from, related to or in connection with this Agreement.

2. Customer waives the right to a jury trial on any dispute arising from this agreement. Customer agrees to pay those amounts to Contractor within thirty (30) days of Customer's receipt of invoice. It is understood that Customer and Its agents, successors, assigns, and heirs are personally responsible for any and all deductibles and any costs not covered by Insurance Company. Time is of the essence in this Agreement. If there is a current power of attorney in place, signed and notarized by the homeowner/policy holder, a POA must be put on file with Timber Warriors, LLC.

3. THIS CONTRACT IS NOT VALID UNTIL ACCEPTED AND SIGNED BY CONTRACTOR (WHICH IS LOCATED IN MISSOURI)

CUSTOMER/AUTHORIZED SIGNER

[Signature]
Signature

James Ross
Print Name

03/07/2022
Date

CONTRACTOR/Timber Warriors, LLC

By: FJ Runyon
Signature (President/CEO)

FJ RUNYON/ TIMBER WARRIORS LLC
Print Name (President/CEO)

03/07/2022
Date



WORK ORDER AUTHORIZATION, ACKNOWLEDGMENT OF SERVICES AND DIRECTION TO PAY

Owner/Agent Name: James Ross

Address: 40 Burroughs way

Phone: 9738680163

Email: jamie@jamiespace.com

Claim No.: N82040

Date of Loss: 02/25/2022

Acknowledgment of Services: I, the owner/agent for the address listed above, authorize Contractors Alliance Network, LLC ("CAN") its affiliates, agents and assigns (CAN), to enter my property, furnish materials, supply all equipment, provide all emergency and restoration services, and provide all labor necessary to preserve, protect and restore my property from further damages. I acknowledge and understand that CAN is providing materials, equipment and services regarding water mitigation as a courtesy. I also understand that I will not be held personally responsible for any emergency and mitigation charges concerning the water mitigation services. I also understand that any emergency and restoration services provided CAN shall not be construed as an express or implied confirmation of coverage for Claim Number: N82040.

Initials JR

Acknowledgment of Hazards: CAN will take all necessary precautions to eliminate risks associated with the mitigation process. I have been informed of the hazards/risks associated with emergency/restoration services and I acknowledge, understand and agree that during the necessary emergency and/or restoration services provided by CAN certain hazards may be present at the subject property, including, but not limited to, exposed tack strips, carpets folded back to allow for drying, electrical cords, heat and installation/placement of equipment which may cause injuries to me or others.

Initials JR

I further understand and agree that during the emergency and/or restoration services provided by CAN that it may become necessary to remove baseboards, flooring, drill holes or perform other mitigation measures necessary to effectuate the drying process.

Initials JR

I further understand and agree that during the emergency and/or restoration services provided by CAN that certain "debris" items may be removed or discarded from the residence. I hereby give my consent for the removal or discarding of debris including, but not limited to, wet materials such as drywall, insulation, carpet, wood flooring, baseboard, etc.

Initials JR

Direct Payment Authorization I hereby authorize direct payment of my insurance benefits or proceeds to CAN for work performed by CAN. I make this authorization in consideration of CAN's agreement to perform services and supply materials and otherwise perform its obligations under this contract, including not requiring full payment at the time of service. I agree to pay CAN my applicable deductible and costs associated with any upgrades I have requested which are not covered under my policy. I understand that my deductible and non-covered costs are due at the completion of the reconstruction services.

Initials JR

JR

Quality of workmanship and/or equipment: In the event that any issues arise involving the quality of workmanship or equipment, I agree to notify CAN within seven (7) business days upon notice of the issue.

Initials JR

By signing below, I signify that I have read and understand the information above

Print Name: James Ross Signature: JR Date: _____

03/07/2022 Client Representative/Technician Initials _____

Claim #: N82040
Property Address: 40 Burroughs Wy Maplewood NJ 07040
Today's Date & Time: 03/07/2022
Technician: _____

I choose to have only Emergency Services; Extraction, Drying, and Selective Demolition performed at this time

Water Services Recap: (Check all that will be completed for Emergency/Restoration Services)

- | | |
|---|--------------------------------------|
| Block Furniture _____ | Clean Carpet _____ |
| Disconnect/Connect appliance(s) _____ | Remove and Re-Set Appliance(s) _____ |
| Drill Holes _____ | Water Extraction _____ |
| Haul Debris _____ | Move Contents _____ |
| Remove Carpet/Pad _____ | Lift Carpet/Pad _____ |
| Remove: Other; Floor Services; Underlayment _____ | Remove Baseboard(s) _____ |
| Remove & Reset Door(s) _____ | Remove Counter Tops _____ |
| Remove Cabinets _____ | Apply Antimicrobial Agents _____ |

List Other Service(s) Emergency Tree Removal and/or Temporary Tarp Placement
Equipment Utilized _____

I have been advised of the Emergency/Restoration services that will be conducted by Contractors Alliance Network, and I hereby authorize them to conduct the above services that are checked. I have also been advised that I must refrain from turning off the equipment and/or relocate equipment from current placement to avoid delay in drying time which can possibly lead to additional damages.

Some of the above referenced services (i.e.: removal flooring) may be subject to Management approval



(Homeowner's signature)

James Ross

(Homeowner's printed name)

Technician's signature

(Manager's signature-if applicable)

