

Team Assist Form- Adjuster

Establish our agreement prior to use or need. Please fill out this form and submit. All client and customer information WILL BE KEPT CONFIDENTIAL

This authorization is made this day of _____, 2021 by and between

_____ (here after referred to as CLIENT COMPANY) and Brunswick Restoration & Sanitation Ltd. (BRSCAT).

The Client Company authorizes Brunswick Restoration & Sanitation Ltd. to proceed with its procedure to produce insurance claim estimates. Estimates will be produced using Xactimate software. This form is enacted and enforce until either party requests cancelation in writing to the other party. Insurance claims estimates will be provided in .esx format.

The CLIENT COMPANY is hereby responsible for all services and charges to be performed by Brunswick Restoration & Sanitation Ltd. (BRSCAT) as authorized by persons representing the Client Company.

The Client Company further authorizes to pay Brunswick Restoration & Sanitation Ltd. (BRSCAT) Corporation directly. It is fully understood that the Client Company is personally responsible for any and all charges. Any exceptions must be approved by Brunswick Restoration & Sanitation Ltd.

The liability of Brunswick Restoration & Sanitation Ltd. is expressly limited to the total amount of the services authorized herein and in no event shall Brunswick Restoration & Sanitation Ltd. be liable for consequential damages of any kind.

In the event any legal proceedings must be instituted Brunswick Restoration & Sanitation Ltd. shall be entitled to recover the cost of collections including any reasonable attorney's fees. All charges and costs are due upon completion of work.

By signing this Team Assist Form, you are agreeing to pay the charges and fees listed below:

Loss fees are 1. % of the pre-taxed estimate total. Loss estimates under a \$5000.00 will have a minimum fee of \$50.00 fee. All prepared estimates that hold an estimating fee above \$250.00 are to be paid on a NET14 via bank E-transfer or Pay Pal. Late charges of 1.5% per month (minimum of \$1.00) may be charged on any unpaid balance after forty-five (45) days.

Authorized Signature:

Print Name: _____

Title: _____

Legal Company Name: _____

DBA: _____

1) Participant Adjusters Name: _____

2) Participant Adjusters Name: _____

3) Participant Adjusters Name: _____

4) Participant Adjusters Name: _____

5) Participant Adjusters Name: _____

Fill this form out, print and FAX the signed original copy to:

FAX 1-253-270-6490

EMAIL: info@brscat.ca