

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 _____, 2012 by and between _____ here after referred to as Client/Company and Brunswick Restoration & Sanitation Ltd. ("BRSCAT")

The Client/Company authorizes BRSCAT to produce insurance claim estimates using its established methods. Estimates will be produced using Xactimate software and will be provided in .esx format. This agreement shall be in full force and effect until either party requests cancelation in writing to the other party.

The Client/Company is hereby responsible for all services and charges to be performed by BRSCAT as authorized by the Client/Company and all authorized representatives of the Client/Company, listed below. The Client/Company hereby acknowledges that it is personally responsible for any and all charges. Any exceptions must be approved by BRSCAT. The Client/Company shall pay BRSCAT in accordance with this agreement.

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 any incidental or consequential damages of any kind as a result of the services authorized herein. In the event legal proceedings are required, BRSCAT 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:

All prepared estimates are to be paid via bank 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