



2250 N Rock Rd, Ste 118 #413
Wichita, KS 67226
(833) 26-CROWN
www.crownroofingict.com

CONTINGENCY AGREEMENT

Customer _____	Insurance Company _____
Address _____	Agent Name _____
Phone # _____	Claim # _____
Email _____	Claim Type _____

Customer authorizes Crown Roofing & Solar to present its findings and Scope of Work for a project replacement or repair to the insurance company. When price from the insurance company is determined, it shall become the final contract price of **Insurance Proceeds with no additional cost to the Customer except the deductible.** Upon the work being approved and funded by the insurance company, the Customer and Crown Roofing & Solar shall enter into a formal building contract to begin repairs for the approved price as paid by the insurance company.

X _____ Date _____
CUSTOMER

DIRECTION OF PAYMENT

I, policy holder, authorize the insurance company to directly pay Crown Roofing & Solar the amount agreed upon for the scope of work per the claim referenced herein.

X _____ Date _____
CUSTOMER

WORK AUTHORIZATION

I acknowledge and accept that supplemental work may be needed and that the final cost may be greater than the original estimate provided by the insurance company. I authorize all payments be made directly to Crown Roofing & Solar. I further authorize Crown Roofing & Solar to act as power of attorney to endorse all checks to satisfy the cost of the scope of work.

X _____ Date _____
CUSTOMER

X _____ Date _____
CROWN ROOFING REPRESENTATIVE