



# AUTHORIZATION TO REPAIR

Claim #: \_\_\_\_\_

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Loss: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Time of Arrival:

QRV DBA ServiceMaster for Quality (1349)  
to provide mitigation services to the above described property within the scope  
and estimate to be submitted for approval to my insurance company's claims office.  
Insured understands that he/she is responsible for payment of any deductible and for  
any and all charges not covered by Insured's insurance company.

Date: \_\_\_\_\_

Insured: \_\_\_\_\_  
(Insured's Signature)

Deductible: \_\_\_\_\_