*4881 West Pioneer Road Duluth, MN. 55803 (218) 721-4106 PH. (218) 7214694 FX.*
Federal Tax ID: 41-1616002

# Authorization and Directive

I hereby authorize and direct **Vesel Construction Inc.** to perform restoration work to my property due to the_____ loss which occurred on_____, and I also hereby direct my insurance company _____ (Claim #_____) to pay **Vesel Construction Inc.** for services rendered. I am fully aware that it is my responsibility to pay **Vesel Construction Inc.** any deductible amounts not covered by the above noted insurance company.

_____,_____ _____

**(Date) (Year) (Insured Signature)**

Insured Name: _____

Loss Address:_____

_____

_____

## To Be Signed Prior to Beginning Repairs