



**24**  
Disaster Experts

Easton MA | Waltham MA | Providence RI | Londonderry NH

**PH: 1.855.280.3060**

**Fax: 508.238.4550**

<p><b>Homeowner Information:</b></p> <p>Property Owner: Munjoy Family Properties</p> <p>Address: 103 Louden Road, Saco, ME 04072</p> <p>Phone: (207) 602-6598</p> <p>Insurance Co: Lloyd's of London      Policy #: _____</p> <p>Claim #: _____</p> <p>Contact: Julie Harris      cell: 318-9203</p>	<p><b>Contractor Information:</b></p> <p>Company Name: 24 Restore NE LLC</p> <p>EIN: 46-1518241</p> <p>Contractor Contact/Salesperson:</p> <p>Address: 10 Church St.      53 Wentworth Ave. Ste 1 South Easton MA 02375      Londonderry, NH 03053</p> <p>Phone: 508-238-3060      855-280-3060</p> <p>Services &amp; Start Date:</p>
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**THE HOMEOWNER REQUIRES THE FOLLOWING EMERGENCY SERVICES TO BE PERFORMED IMMEDIATELY:**

1. Make building weatherproof and watertight.
2. Remove all known hazards, standing water, stored food etc. Demolish and remove debris.
3. Implement initial improvements as detailed by design professional after meeting on 1/27.

**THE EMERGENCY SITUATION REQUIRING THE SERVICES IS:** After emergency (fire)

Homeowner's signature: *Julianne Harris*  
 Name: *Julianne Harris*  
 Date: *1/25/17*

**Scope:** I hereby employ and authorize **24 RESTORE NE LLC** and its employees and agents to enter and exit the premises described above as necessary to provide emergency services. Given the emergency



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nature of the services requested by me, I acknowledge and accept that the list for services above may be incomplete, and that this agreement may be supplemented and amended by additional requests for services to be provided by **24 RESTORE**.

I understand that I am responsible for securing the premises both during and after the performance of **24 RESTORES** improvements. **24 RESTORE** shall not be responsible for any loss and / or damage to the premises or any personal property located therein caused by failure to secure the premises.

**Payment:** I agree to pay for all materials and labor expended by **24 RESTORE** in connection with the work they perform as described above.

**Upon completion** of **24 RESTORE'S** services, **WE** will bill your insurance company directly based on the information you provided above. I understand that I may be required to execute an assignment of any insurance benefits; however, I understand that I am primarily liable for payment to **24 RESTORE** notwithstanding any assignment of any insurance benefits. If the insurance benefits cover only apportion of **24 RESTORE'S** services bill, I understand that I am liable for the remainder. Accounts, which are not paid within 30 days, will be considered delinquent and will result in additional interest / finance charges and potential collection efforts described in "Costs of collection" below.

**Insurance Authorization:** I hereby authorize my insurance company to make direct payment to **24 RESTORE NE LLC** for the improvements they make as detailed above. This assignment is for the purpose of expediting payment to **24 RESTORE NE LLC**.

**Authority:** I hereby affirm that I possess the authority to authorize the completion of the above improvements. I agree I am personally responsible for any and all charges relating to the services provided by **24 RESTORE NE LLC** pursuant to this agreement, if in fact, I do not possess such authority.

Dated: 1/25/17 Initials: [Signature]

**Cost of Collections:** If **24 RESTORE** is required to engage outside representatives for the purpose of collecting payment hereunder, I agree to pay all costs of collection, including attorney's fees and **24 RESTORES** legal expenses incurred with the collection of amounts due them; whether or not a lawsuit is filed. Interest / finance charges will be charged at a rate of 18% per annum on all delinquent accounts. In the event such charges and interest exceeds the maximum rate permitted by law, interest to be applied on delinquent accounts shall be limited to the maximum rate permitted by law.

**Governing law:** This agreement shall be interpreted and governed by the laws of the Commonwealth of Massachusetts. Per HO3 #10, this contract supersedes any other legal contract thereafter. Massachusetts law provides homeowners a three day cancellation period for residential construction services. The homeowner hereby waives the three day cancellation right in order to obtain emergency construction





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services and acknowledges that 24 Restore NE LLC informed the homeowner verbally of this three day cancellation right.

**Warranty:** **24 RESTORE** hereby represents and warrants that the services to be provided hereunder shall be timely and of workmanlike quality. Such warranty is the only warranty **24 RESTORE** provides hereunder given the emergency nature of the work to be performed, and **24 RESTORE** cannot provide, and hereby expressly disclaims any and all other warranties, whether express or implied, including in particular and any all warranties of merchantability or fitness for a particular purpose.

**Minor Damage:** Further, because of the emergency nature of the services to be provided hereunder, **24 RESTORE** does not warrant the premises shall be habitable at the conclusion of the services provided hereunder. Owner acknowledges and agrees that in the course of providing the emergency services **24 RESTORE** may cause minor damage to the premises, and that such damage, to the extent the damage is not material and is secondary to the completion of the emergency services, shall not result in any reduction or other setoff in the amounts due for services rendered hereunder.

**Complete Agreement:** The information contained in this Agreement constitutes the complete agreement of the parties and no representations, oral or written have been relied upon in entering this Agreement, except those representations contained herein.

<u>Labor Rates(Hourly)</u>	<u>Business Hours</u>
Water Remediation Supervisor	\$52
Water Remediation Technician	\$44
Project Manager	\$90
<u>Equipment Rates</u>	<u>Daily Rate</u>
Air Mover (per day)	\$25
Air Injector (per day)	\$105
Dehumidifier (per day)	\$125
Water Extractor (per day)	\$75

*\*Labor charged at the rate of time and a half nights, weekends & holidays*

HOMEOWNER:

  
Name: \_\_\_\_\_

\_\_\_\_\_  
**24 RESTORE NE LLC**



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