



Structural Wrap, LLC

Structural Wrap, LLC.
10 NW 42 Ave. Suite #320
Miami, Fl. 33126
T: (305) 707-2405
Email: info@wrapproof.com

PARTIAL ASSIGNMENT OF BENEFITS / AUTHORIZATION AND DIRECTION TO PAY POWER OF ATTORNEY TO ENDORSE CHECKS AND/OR SIGN ANY PAPER WHICH WILL EXPEDITE PAYMENT TO PROVIDER FOR SERVICE RENDERED, AND ASSIGNMENT OF BENEFITS AND AUTHORIZATION AND PAY DIRECTION TO PAY PROVIDER OF SERVICES RENDERED.

KNOWN by all these present that the undersigned has made, constituted and appointed, and by these presents does hereby make, constitute and appoint STRUCTURAL WRAP, LLC. (A Florida limited liability company), and any of its duly authorized agents and employees as and to be the undersigned's true and lawful attorney-in-fact for and in the undersigned's name, place and stead to endorse any and all checks, drafts or money orders which are payable to the undersigned alone or to the undersigned and STRUCTURAL WRAP, LLC., which checks, drafts or money orders are made payable for the services provided by STRUCTURAL WRAP, LLC., at the request of with the knowledge and approval of the undersigned and/or maker of check, draft or money order.

This partial assignment includes but is not limited to, all rights to collect insurance benefits directly from my insurance company limited to the extent of the services that I/we have reviewed from STRUCTURAL WRAP, LLC., and all rights to proceed against my insurance company in any action including legal suit and Civil Remedy Notice for insurer violation if for any reason my insurance company fails to make payments of benefits due to my STRUCTURAL WRAP, LLC., or me.

The undersigned by these presents does give and grant STRUCTURAL WRAP, LLC., the full Power of Attorney and authorize to do and perform all and every act whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as the undersigned might or could do to personally present insofar as the endorsing and cashing of said checks as well as any other document.

The parties agree that this agreement and any and all other documents in connection hereto may be executed in counterparts, each of which shall be deemed an original but all of which taken together shall constitute one and the same instrument. Any signature page delivered by facsimile transmission, email, or other for of electronic communication shall be treated in all manner and respects as an original document.

The undersigned does hereby ratify and confirm any all actions taken by the said attorney in accordance with this special power and which the said attorney shall do cause to done by virtue of these presents.

Each party to this agreement affirms that any individual executing this agreement on their behalf has full authority to do so.

PARTIAL ASSIGNMENT OF BENEFITS

I / WE, the undersigned, knowingly, voluntarily and intentionally do hereby irrevocably assign to STRUCTURAL WRAP, LLC., any and all rights and benefits to which I/we am entitled under any insurance policy or indemnity agreement to the extent necessary to compensate STRUCTURAL WRAP, LLC., for services provided to me or on my behalf by STRUCTURAL WRAP, LLC., the need for which and receipt and sufficiency of which is hereby acknowledged. I/we understand that this is my intention and the intention of STRUCTURAL WRAP, LLC., accept this irrevocable partial assignment of benefits in lieu of demanding payment at the time of the services are rendered. I/we understand this irrevocable partial assignment of benefits allows STRUCTURAL WRAP, LLC., to file any claim, suit, civil remedy or action against my insurer for services provided by STRUCTURAL WRAP, LLC., and to seek all remedies and entitlement under Florida Statute 527.428 or applicable statute law.

I / WE, the undersigned, further direct and authorize _____ (name of insurance company), _____ (claim number), and _____ (Date of Loss) to pay and mail directly to STRUCTURAL WRAP, LLC., the insurance benefits otherwise payable to me for the services provided by STRUCTURAL WRAP, LLC., but not to exceed the charges of those services under this irrevocable assignment of benefits.

I/We have read and understood the information above and have received a copy for my records

Signature: _____ Structural Wrap Signature: _____

Print Name: _____ Print Name: _____

Address: _____ Date: _____

Date: _____

Structural Wrap, LLC

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WORK AUTHORIZATION

Date: _____

Insured Information: _____

Address: _____

City, State, Zip _____

Phone Home/Work: _____

Insurance Company: _____

Main Number: _____ Adjuster's info: _____

Policy Number: _____ Claim Number: _____

Date of Loss: _____ Type of Loss: _____

The above named insured authorizes Structural Wrap, LLC to perform the containment, cleaning, and restoration services of the property contents at the above address, The Above named insured also authorizes Structural Wrap, LLC to contact my insurance company on my behalf pertaining to my claim.

I also hereby authorize Structural Wrap, LLC to negotiate directly with my insurance company to ensure that I receive current/fair market value for the repairs.

Structural Wrap, LLC will complete all work authorized by the customer for the rate agreed upon and negotiated with the insurance company.

Insured signature _____ Date _____

Insured signature _____ Date _____

Company Representative _____ Date _____