



Work Authorization & Payment

(circle what applies)

Asbestos Testing	Lead Testing	Asbestos Abatement	Lead Renovation	Mold Remediation	Odor Control Services	Other: _____
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Insured Name: _____ Insurance Company: _____

Insured Phone #: _____ Claim #: _____

Site Address: _____ Claim Adjuster: _____

City/State/Zip: _____ Adjuster Phone: _____

Year Built: _____ Adjuster Email: _____

<p style="text-align: center;">CASH Job Total: \$ _____</p> <p style="text-align: center;">Deposit: \$ _____</p> <p style="text-align: center;">Total Paid: \$ _____</p>	<p style="text-align: center;"><i>(circle what applies)</i> CHECK CASH</p> <p style="text-align: center;">Check # _____</p> <p style="text-align: center;">Total Balance Remaining: \$ _____</p>
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Insureds Email: _____

(test results, copies of estimates, invoices and all paid receipts will be sent by email)

Scope of Work:

Insured authorizes Everclear Environmental Solutions, LLC and its employees and or representatives to access the property, furnish materials, supply all equipment and perform all labor necessary or perform services related to. Insured agrees that he/she will not enter into any contract with another service provider which would in any way prevent or preclude Everclear Environmental from performing the contracted services. Everclear Environmental Solutions LLC will bill the Insured's insurance company or whoever is felt to be the responsible party of the loss as a courtesy only. Insured is ultimately responsible for payment of services rendered by Everclear Environmental Solutions LLC. If the amount due is not paid in full within 30 days from the billing date a lien will be placed on the property for any unpaid balance unless a payment agreement has been made. Interest will also be charged on the balance forward at a rate of 1.5% per month. Any applicable deductible will be collected at the start of services unless otherwise arranged. Insured is responsible for any lien fees, collection fees, attorney's fees and/or court costs in the event these services become necessary to obtain payment.

Limitations of Liability

In no event shall Everclear Environmental Solutions LLC, its owners, any officers, directors, employees, agents or affiliates be responsible for indirect, special, nominal, incidental, punitive or consequential losses or damages, or for any penalties, regardless, of the legal or equitable theory asserted, including contract, negligence, warranty, strict liability, statute or otherwise, even if it had been aware of the possibility of such damages or they are foreseeable; or for claims by a third party. The maximum aggregate liability shall not exceed the amount paid by customer for the services or actual proven damages, whichever is less. It is expressly agreed that Insured's remedy expressed herein is Insured's exclusive remedy.

Limited Power of Attorney

Everclear Environmental Solutions LLC is hereby appointed as attorney in fact to endorse and deposit in its accounts any insurance check or draft received as payment for authorized services and to contact Insured's property insurance provider and mortgage company with regards to payment or any other information related to the claim, by any means or methods of communication the contractor feels necessary. This power of attorney coupled with an interest is given as security for payment on services rendered by Everclear Environmental Solutions LLC hereunder. Upon receipt of all required payments hereunder by Everclear Environmental Solutions LLC, this limited power of attorney shall terminate.

Agreed:

Insured Signature

Date