

HRA Home Improvement Co.

520 University N. Murfreesboro, TN 37130

A division of HRA Holding Company, Inc.

"Serving Tennessee since 1989"

Job # _____

Office: 615-410-7924 Fax: 615-410-7926

TN State Contractors License #62637

Fed ID 62-1862966

Name _____

Address _____

City _____

State / Zip _____

Home Ph _____

Work Ph _____

Cell Ph _____

Claim # _____

- Tear off layers (how many?) _____
- Install new felt _____
- Shingle style _____
- Shingle color _____
- Plumbing stacks _____
- 750 (turtle vents) _____
- Ridge vent _____
- Turbine vents _____
- Chimney flashing _____
- Protect landscape _____

- Clean up and haul away all trash
- Company to furnish all labor and materials
- Company to furnish own insurance
- Pick up all nails with a magnetic roller

Rotted roof decking replacement- \$45.00 per sheet
(Not generally covered by insurance)

Material warranty- by manufacturer
Labor warranty- 1 year

NOTE: HRA will do work approved by your Insurance company for the dollar amount awarded. Any changes to this agreement will be agreed to by both parties and recorded on the color selection form to follow. Also, if there is no approval, contract is null and void.

Customer initials: X _____

SPECIFICATION / NOTES:

Alteration or deviations from the above specifications, resulting in extra cost, will be agreed to in writing by both parties. Any added specifications will be addressed, over and above this agreement. The Homeowner agrees to the above terms of engagement and authorizes HRA Home Improvements to represent Homeowner and perform the work described. Homeowner may cancel this agreement at any time prior to midnight of the third business day, after signing this agreement and must notify HRA Home Improvements in writing, within that time frame. If written, faxed or mailed notification of cancellation is not received within the specified time, Homeowner will be billed for HRA expenses accrued towards Homeowner's claim and benefit.

INSURANCE ALLOWANCE AGREEMENT:

By initialing here, I authorize HRA Home Improvements to act in my behalf by addressing my Homeowners insurance Co. and to discuss pricing and scope of work to be completed on my property. I/we agree to allow HRA Home Improvements to complete approved repairs for the exact dollar amount awarded and at no additional cost to the Homeowner, with exception to the insurance deductible amount. **Contractor reserves the right to receive Overhead & Profit.**

CUSTOMERS INITIALS: X _____

Home Owner _____

Company Rep. _____

Rep. Ph (office) _____

Rep. Ph (cell) _____

Insurance Co. _____

Adjuster _____

Adjuster Ph _____

Date _____