



EVGARD

5711 W. Slauson Ave. Suite 150

Culver City, Calif. 90230

State Lic. 621683 -

Phone: (310) 215-8466 Fax: (310) 216-0048

FOR EMERGENCY SERVICE ONLY

Commercial – Industrial – Residential

24 HOUR EMERGENCY SERVICE & BOARD-UPS

ASSIGNMENT OF CLAIM / WAIVER OF LIABILITY

Notice is now given to Insurance Company interested in this claim

I / We _____ hereby authorize and retain:

Evr Gard Construction

to provide the necessary emergency services at:

(Property Address & City)

INSURANCE CO. _____ DATE _____

INSURANCE PHONE # _____ FAX # _____

CLAIM # _____ POLICY # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

THIS INSURED HEREBY INSTRUCTS HIS INSURANCE COMPANY AS FOLLOWS: THIS IS TO INSTRUCT MY INSURANCE COMPANY / (IES) WHO MAY BE LIABLE FOR THE LOSS IN WHOLE OR IN PART, TO PAY **EVGARD CONSTRUCTION**, MONIES DUE OR TO BECOME DUE FOR EMERGENCY SERVICES BY (DIRECTLY) MAILING ALL PAYMENTS FOR SUCH SERVICES TO **EVGARD CONSTRUCTION'S** PLACE OF BUSINESS, IN CONNECTION WITH THE LOSS AT THE AFOREMENTIONED PROPERTY: TO INSERT THE NAME OF **EVGARD CONSTRUCTION**, ON ANY CHECKS, OR DRAFTS MADE IN PAYMENT OF EMERGENCY SERVICES; AND WHEN REMITTANCE IS RECEIVED TO ENDORSE SAME OVER TO **EVGARD CONSTRUCTION**.

I/We have read and understand the conditions as stated above.

Accepted By

Evr Gard: _____ Date: _____

Accepted By

Property Owner: _____ Date: _____

Comments _____