

Third Party Waiver and Direct Pay Authorization

Limited authorization for roofing claim information and payment coordination.

To / Insurance Carrier: _____

Mortgage Company / Servicer: _____

Policyholder / Homeowner: _____

Policy Number: _____ Claim Number: _____

Property Address: _____

City / State / ZIP: _____ Date: _____

Homeowner Phone / Email: _____

Direct payment request

I, the undersigned homeowner and policyholder, request that my insurer and, when applicable, mortgage company pay Florida Blue Roofing LLC directly for the roofing repairs or replacement described in my separate signed roofing contract, only up to the unpaid amount due for that work. This request is subject to policy terms, applicable law, required payees, endorsements, and mortgage-company disbursement requirements. If direct payment is unavailable, I request that Florida Blue Roofing LLC be included as a joint payee where permitted. This form does not require the insurer or mortgage company to honor this request.

Communication and release of information

I authorize my insurance carrier and mortgage company to communicate with Florida Blue Roofing LLC and release roofing-related claim information, including the adjuster's scope, estimates, photographs, payment status, and correspondence. Florida Blue Roofing LLC may receive and review these documents, submit its estimates, invoices and construction records, explain its roofing scope and pricing, and coordinate inspections and payment processing.

This authorization does not permit Florida Blue Roofing LLC to interpret policy provisions, advise me about insurance coverage or policy duties, adjust or negotiate settlement of my claim, sign or endorse checks for me, or release or settle any claim.

Homeowner acknowledgment and limited waiver

1. Florida Blue Roofing LLC is an independent third-party contractor, not an agent of my insurer or mortgage company. I consent to disclosure of the roofing-related information described above; I do not waive policy benefits, claims, defenses, or other legal rights.
2. This form does not assign insurance benefits, transfer policy rights, grant a power of attorney, or authorize work. My separate signed roofing contract governs the work and payment obligations. Payments received by the contractor will be credited to my account.
3. I remain responsible under my roofing contract for deductibles, approved upgrades, non-covered work, and any unpaid balance. This form does not guarantee coverage or payment. I may revoke this authorization prospectively by written notice to the insurer, mortgage company, and contractor; revocation does not cancel my roofing contract or undo payments already made.

Signatures

Homeowner Signature: _____ Date: _____

Printed Name: _____

Additional Policyholder Signature: _____ Date: _____

Printed Name: _____

Contractor Representative: _____ Date: _____

Representative Signature: _____