



Mailing Address: P.O. Box 600369, St. Johns, FL 32260 Office Address: 1629-102 Racetrack Road, St Johns, FL 32259
Contact Leigh Gardner #: 904-955-0035 Disaster Response 24/7 #: 877-279-6303

WORK AUTHORIZATION AND CONTRACT

Property Owner's Name(s): Date: 09/2017 HURRICANE IRMA

For reconstruction repairs and/or service at the property address:

Home Phone: Work Phone:

Mobile Phone: 904- Alternate Mobile Phone:

Email Address:

SCOPE OF WORK: Contractor shall furnish labor and Materials to complete the below designated services and/or repairs for the building or other property required as a result of property damage.

- Emergency Services
Building Permitting
Reconstruction Repairs
Architectural/Engineering Services
Order Trusses

PAYMENT: Owner has an insurance policy to provide payment for the work completed under this agreement. Owner agrees to pay Contractor, for all insured work an amount agreed upon between Contractor and Owner's insurance company per the Scope of Work.

TERMS: Owner agrees (subject to receipt of insurance proceeds, if applicable) to make all progress payments within 10 days after invoicing and final payment within thirty (30) days after completion.

DIRECTION TO PAY: Owner, by execution of this contract hereby agrees to pay Contractor such amount that is due under the

construction scope agreement hereunder. Owner hereby directs such insurance company to include "Mastercraft Builder Group, LLC" as co-payee on any draft or check issued for this work.

EXCLUSIONS: Contractor shall not be responsible for the repair of termite or other hidden damage; or for the correction of building, fire, or housing code violations, should they exist (unless otherwise included) in the written "Scope of Work".

MISCELLANEOUS PROVISIONS: Contractor carries general liability and worker's compensation insurance. A Certificate of Insurance will be furnished upon request. Unless otherwise stated, the Contractor is not responsible for utilities used during the course of construction.

GUARANTEE: Contractor guarantees all work performed under this contract for a period of one year from completion, provided Contractor has been paid in full under this contract.

FLORIDA HOMEOWNERS CONSTRUCTION RECOVERY FUND: Payment may be available from the Florida Homeowners Construction Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a licensed contractor.

By signing below, I (we) authorize the initiation of work to be scheduled:

Owner(s): Print Name

Accepted: Signature

Date:

MasterCraft Builder Group, LLC, CBC1250726

Contractor: Leigh Gardner Print Name

Accepted: Leigh Gardner Signature

Date: 09/2017