

Certificate of Satisfaction

Date: _____

Customer Name: _____

Property Location: _____

Insurance Company: _____

Policy Number: _____

Claim Number: _____

Date of Loss: _____

Description of Work: _____

I, the OWNER/AUTHORIZED AGENT (circle one) for the above-referenced property, hereby certify that the work described above has been satisfactorily completed in a professional and workmanlike manner. To the best of my knowledge, information and belief, no problems or complaints exist relative to the work performed by _____ [*insert name of the company/business performing the emergency tree work*].

In the event that a problem or complaint develops in the future, I will immediately notify _____ [*insert name of the company/business performing the emergency tree work*], so that they can inspect, diagnose, and correct the problem or complaint as necessary.

I HEREBY AUTHORIZE THE ABOVE-REFERENCED INSURANCE COMPANY TO MAKE DIRECT PAYMENT TO _____ [*insert name of the company/business performing the emergency tree work*] OR TO HORTICULTURAL ASSET MANAGEMENT, INC. (ON BEHALF OF THE AFOREMENTIONED COMPANY) FOR THE SERVICES PERFORMED AT THE ABOVE-REFERENCED PROPERTY AND CERTIFIED AS SATISFACTORY IN THIS DOCUMENT. **I further agree and understand that I am responsible to pay to _____ [*insert name of the company/business performing the emergency tree work*] any amounts not covered by my insurance policy.***

*For questions concerning coverage, please contact your insurance adjuster.

OWNER/AUTHORIZED AGENT SIGNATURE

PRINTED NAME OF OWNER/AUTHORIZED AGENT

Version 5.0/2017