

# WORK ORDER AUTHORIZATION and AGREEMENT

JUBILEE CONSTRUCTION INC  
201 St Charles Ave #2500  
New Orleans, Louisiana 70170

PH (504) 276-5454  
PH (888) NOW-ROOF



**JUBILEE  
CONSTRUCTION**

LICENSED • INSURED

Nationwide  
COMMERCIAL and RESIDENTIAL  
GENERAL CONTRACTOR

LOUISIANA COMMERCIAL CONTRACTOR  
License # 65459

CUSTOMER: <u>James Alderdice</u>	PHONE: <u>504-273-9157</u>	DATE: <u>7-22-22</u>
MAILING ADDRESS: <u>Calo Esplanade Ave.</u>	CITY, STATE, ZIP CODE: <u>New Orleans LA 70116</u>	EMAIL: <u>JASALDERDICE@GMAIL.COM</u>
JOB SITE ADDRESS: _____	CITY, STATE, ZIP CODE: _____	_____

JUBILEE CONSTRUCTION INC to furnish materials and labor in accordance with specifications below for the TOTAL CONTRACT AMOUNT of \$ 70,556.96 plus all approved insurance supplements, change orders and cost adjustments as outlined in the INSURANCE CONTINGENCY AGREEMENT below. CHK # 2441

Customer agrees to the following payment schedule:  
\$ 35,277.98 down  
\$ 35,277.98 balance upon completion  
plus supplements

### SCOPE OF WORK (subject to insurance carrier approval)

<p><b>ROOF</b> <input checked="" type="checkbox"/> Per Insurance Scope</p> <p><input checked="" type="checkbox"/> Ground preparation: <input checked="" type="checkbox"/> Tarps <input type="checkbox"/> Other:</p> <p><input checked="" type="checkbox"/> Tear off # of known layers <u>3/4" ASFB</u></p> <p><input type="checkbox"/> Inspect for dry rot and other pre-existing damage</p> <p><input type="checkbox"/> Install Underlayment Type: <u>Synthetic</u></p> <p><input type="checkbox"/> Install Roof: <input type="checkbox"/> Shingle <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Flat</p> <p>Roof Material Mfr: _____</p> <p>Roof Style/Year: _____</p> <p>Roof Color: <u>Green ASFB</u></p> <p><input type="checkbox"/> Install Metals: Color:</p> <p><input type="checkbox"/> Drip Edge <input type="checkbox"/> Rake Edge <input type="checkbox"/> Valley</p> <p><input type="checkbox"/> Roof-to-Wall <input type="checkbox"/> Step Flashing</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Install Plumbing Flashings: Type:</p> <p><u>1.5"</u> <u>2"</u> <u>3"</u> <u>4"</u> <u>5"</u></p> <p><input checked="" type="checkbox"/> Install Vents: Type:</p> <p>Replace # _____ Cut In # _____ Total # _____</p> <p><input type="checkbox"/> Install Ridge Vent: Total LF _____</p> <p><input type="checkbox"/> Install: _____</p> <p><input checked="" type="checkbox"/> Clean up walkways, driveway, yard, gutters</p> <p><input checked="" type="checkbox"/> Roll yard and driveway with magnet</p> <p><input checked="" type="checkbox"/> Haul away debris and unused materials</p>	<p><b>EXTERIOR</b> <input type="checkbox"/> Per Insurance Scope</p> <p><input type="checkbox"/> A/C: _____</p> <p><input type="checkbox"/> Painting: _____</p> <p><input type="checkbox"/> Stucco: _____</p> <p><input type="checkbox"/> Fencing: _____</p> <p><input type="checkbox"/> Windows: _____</p> <p><input type="checkbox"/> Screens: _____</p> <p><input type="checkbox"/> Entry Doors: _____</p> <p><input type="checkbox"/> Garage Door: _____</p> <p><b>GUTTERS</b> <input type="checkbox"/> Per Insurance Scope</p> <p><input type="checkbox"/> Remove and Reset existing Gutters</p> <p><input type="checkbox"/> Remove and Replace 5" Gutters</p> <p><input type="checkbox"/> Remove and Replace 6" Gutters</p> <p><input type="checkbox"/> Replace Downspouts <input type="checkbox"/> As needed</p> <p>Color: _____</p>	<p><b>INTERIOR</b> <input type="checkbox"/> Per Insurance Scope</p> <p><input type="checkbox"/> Ceiling: _____</p> <p><input type="checkbox"/> Walls: _____</p> <p><input type="checkbox"/> Floors: _____</p> <p><input type="checkbox"/> Painting: _____</p> <p><b>OPTIONS/UPGRADES</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><b>WARRANTY: <u>STATE</u></b></p> <p>JUBILEE CONSTRUCTION INC to provide <u>2</u> year workmanship/labor Warranty</p> <p>MATERIAL MANUFACTURER to provide <u>20</u> year materials warranty.</p>
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Additional costs over and above the original TOTAL CONTRACT AMOUNT will result if: (1) Pre-existing damage is discovered during the course of our work; (2) Additional roof layers are discovered during the tear off of your existing roof; (3) If siding, stucco, brick or other removal is needed for proper installation of roof flashings; (4) If your existing gutters must be removed for proper installation of new roofing flashing or materials; (5) If you see the Company-supplied debris container for personal debris disposal.

Known pre-existing damage or problems: \_\_\_\_\_

### INSURANCE CONTINGENCY AGREEMENT

All work performed by the Company (Jubilee Construction Inc) will be completed at NO COST to the Customer other than the amount of the Customer's insurance deductible, unless the Customer requests upgrades or the Company performs work that is not approved and paid by the Insurer.

TOTAL CONTRACT AMOUNT will be the total dollar amount of:

(a) The Replacement Cost Value (RCV) as listed on the final approved insurance carrier Scope of Loss, plus any insurance supplements approved and paid by the Insurer for the Company's work; plus

(b) The amount of the Customer's insurance deductible; plus

(c) Any upgrades, options, change orders; or work performed by the Company that is not approved and paid by the insurer.

The Company reserves the right to receive additional supplement payments from the Insurer if: (1) Additional storm-related damage is discovered during the Company's work; (2) For unforeseen increases in labor and material market costs due to storm environment; and (3) If information provided by the Customer or the Insurer are shown to be incorrect (measurements, material quantities and costs, or other incorrect information). The final TOTAL CONTRACT AMOUNT may be higher than the initial TOTAL CONTRACT AMOUNT due to supplements approved by the Customer's insurer during the course of the project. All supplements approved and paid by the Insurer for the Company's work will be paid in full to the Company. TOTAL CONTRACT AMOUNT includes all direct project costs, labor and materials, insurance depreciation, taxes, base service fees, and overhead and profit which are PAID BY THE INSURER and are listed on the final approved insurance Scope of Loss including all insurance supplements. The final approved insurance Scope of Loss, including all approved supplements, are considered addendums to this Agreement. Customer hereby assigns all amounts due from Insurer for the Company's work to the Company. Customer authorizes the Company to collect and receive all insurance payments related to the Company's work. Customer authorizes the Company to discuss the Company's Scope of Work and pricing with the Customer's insurer relating to the Company's services described herein.

Jubilee Construction Inc is a contractor, and not a licensed public insurance adjuster. Therefore, the Customer agrees to provide and expedite without delay all necessary documents, information and assistance for timely submission of claims and receipt of payments from the Insurer and to/from any Mortgage Holders. Customer agrees to forward all insurance payments for the Company's work without delay to the Company.

The Company makes no assurances that the Customer's claimed loss will be approved by their Insurer.

EUCOMPASS \$10,000 021030818310 210465691  
INSURANCE COMPANY DEDUCTIBLE POLICY # CLAIM # ADJUSTER NAME AND PHONE #

I (We) agree to the terms and conditions of this agreement, including the terms and conditions on the reverse side:

X James J. Alderdice 7/22/22  
CUSTOMER SIGNATURE DATE

X \_\_\_\_\_  
CUSTOMER SIGNATURE DATE

Nogah Remyan 504-250-2010  
PRINT PROJECT MANAGER NAME AND PHONE NUMBER

X Jill Davis 7-22-22  
PRINT PROJECT MANAGER NAME AND PHONE NUMBER DATE

This Agreement is not effective until approved by company management.

THIS AGREEMENT VOID IF NOT ACCEPTED WITHIN 14 DAYS.

X \_\_\_\_\_  
AUTHORIZED COMPANY MANAGEMENT SIGNATURE

\_\_\_\_\_  
TITLE DATE