

Insured Name:

Claim #:

Insured Address:

Dispose of Non-Restorable Contents

I authorize (contractor) to dispose of the attached contents list that have been deemed non-restorable or not cost effective to restore. I understand and accept the recommendations of "Contractor". I recognize that due to the nature of this matter, it is time sensitive to notify the contractor as soon as possible to inform them of any amendments that need to be made. The contents may incur additional damages because of processing them as non-restorable that my contractor is not responsible for these additional damages.

Attached is a list of contents items are being discarded as Non-Restorable Contents.

Additional Notes:

Insured Name:

Contractor Representative Name:

Insured Signature:

Contractor Signature:

Date:

Date: