

ENROLLMENT FORM



I WOULD LIKE TO ENROLL IN THE 866 RECOVER PROGRAM:

COMPANY NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

SIGNATURE _____

Email Address: _____

YES, I WOULD LIKE TO RECEIVE PROGRAM INFORMATION, NEWS AND TIPS FROM 866 RECOVER ELECTRONICALLY. _____

Main Contact Person _____

Phone _____

Cell _____

Email _____

Back up Contact Person _____

Phone _____

Cell _____

Email _____

Upon your request, ServiceMaster Restore will provide services required and selected by you to assist with water, smoke, fire and disaster related events. These services include:

- Access to our emergency response network 24/7/365
- Immediate response – On site within 2 to 4 hours with trained, uniformed staff equipped to begin necessary work
- Priority service over non 866 RECOVER accounts
- All pricing at industry standard, agreed upon at time of service (Xactimate or Time & Materials)
- Centralized billing
- Dedicated effort to return you to pre-loss condition as quickly as possible
- All work completed in accordance with Federal, state and local regulations
- All work will be completed by an independently owned and operated franchise with trained, certified, professional Management and Supervision

Your complete range of 866 RECOVER services may include:

- Fire and Smoke Restoration
- Document Drying and Recovery
- Electronics Cleaning & Repair
- Safety and Compliance followed on all jobs
- Pack out and Storage of Contents
- Reconstruction of Damaged Structures
- Water Damage Mitigation
- Building Stabilization
- Controlled Demolition
- Project Management and Consultation Services
- Reconstruction Services with Large-loss Capabilities

(PLEASE PRINT) _____

WE COMMIT TO PROVIDING THE SERVICES ABOVE _____

LOCAL 866 RECOVER REPRESENTATIVE SIGNATURE _____

Paul Plouffe, President CEO

BUSINESS NAME _____

ServiceMaster of Greater Bridgeport

(An independent business licensed to serve you by ServiceMaster Clean)

Please scan and email completed form to JKuzmich@ServiceMasterGB.com or Fax to 203.386.1387



(OVER)

INSURANCE INFORMATION

(PLEASE PRINT)

INSURANCE PROVIDER

INSURANCE AGENT

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

BE PREPARED! SCAN THIS QR CODE, WITH YOUR SMART PHONE, TO DOWNLOAD OUR 24 HOUR EMERGENCY APP. THIS APP CONNECTS YOU DIRECTLY WITH OUR DISASTER RESTORATION TEAM ANYTIME, AROUND THE CLOCK. PROVIDING RELIABLE SERVICES, COMFORT, REASSURANCE AND MOST OF ALL *RESTORING PEACE OF MIND.*



ServiceMaster of Greater Bridgeport
110 Seymour St.
Stratford CT. 06460
Office: 203.386.1565
Fax: 203.386.1387
Email: JKuzmich@ServiceMasterGB.com

ONCE WE RECEIVE YOUR ENROLLMENT FORM WE WILL PROMPTLY CALL YOUR OFFICE TO SCHEDULE AN APPOINTMENT

PLEASE RECORD ANY ADDITIONAL NOTES OR COMMENTS ABOUT YOUR LOCATION(S) HERE: