



CERTIFICATE OF SATISFACTION

Name and address of Project :

Name: _____

Street Address: _____

City, State, Zip: _____

Insurance company claim number: _____

THIS IS TO CERTIFY, that the loss and damage which occurred to the property listed above has been mitigated, repaired and/or replaced to the owner(s) satisfaction by

Maverick Construction Company.

We, the owner(s) authorize payment for all covered costs, as per scope to be made directly to Maverick Construction Company.

X _____

Insured

Date

X _____

Insured

Date

**11227 RIVER ROAD NE HANOVER, MN 55341
Phone: 763-498-7401 Fax: 763-498-7609 License#: 5572**