



837 N. Hall of Fame Dr. Knoxville, TN 37917 (865) 523-5153

I, the undersigned, (insured/ customer name) _____, do hereby certify that the repair/replacement to the insured property, as advised through the loss estimate has been completed and I am satisfied with the work. Enclosed are images of the completed job.

Insured

Name: _____ **Claim Number:** _____

Signature: _____ **Date:** _____

Contractor

Name and Company: _____

Address: _____

Phone Number: _____ **Tax ID:** _____

Signature: _____ **Date:** _____