

Enrollment Form

Upon your request, ServiceMaster Clean will provide services required and selected by you to assist with water, smoke and fire 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
- The complete range of 866 RECOVER services
 - Services may include:
 - Fire and Smoke Restoration
 - Water Damage Mitigation
 - Drying and Dehumidification
 - Document Drying and Recovery
 - Building Stabilization
 - Controlled Demolition
 - Safety and Compliance
 - Project Management and Consultation Services
 - Reconstruction Services with Large-loss Capabilities
- All work completed in accordance with Federal, state and local regulations
- All work will be completed by an independently owned and operated franchise

We commit to providing the service above: Michael Demeter

Local 866 RECOVER Representative

An independent business licensed to serve you by ServiceMaster Clean.

I would like to enroll in the 866 RECOVER program: _____

Company Name (please print)

Address (please print)

Signature

City, State, Zip (please print)

Signed Date

Yes, I would like to receive program information, news and tips from 866 RECOVER electronically.

ACCOUNT INFORMATION

Company _____ Contact _____

Alias Account Names _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Number of Facilities _____

If available, please attach an excel file of your facility locations. Email to mdean@smclean.com.

Based on the number of facilities and their locations, this account is

National

Locations in 25+ States

Regional

Locations in 2-24 States

Local

Locations in 1 State

If your account is National or Regional, may our franchisees contact your local facilities in their area. Yes No

Have you completed an asbestos survey on all your facilities?

Yes

No

I don't know

Commercial Certification Level Required to Work on this Account (1, 2 or 3) _____

Insurance Carrier _____

REFERRING FRANCHISE INFORMATION

DR Franchise

BS Franchise

Enterprise # 7185 License # 7943

Company ServiceMaster AAA Restoration Contact Michael Demeter

Address 28 Rancho Circle

City Lake Forest State CA Zip 92630

Phone 949-855-8623 Email mdemeter@servicemasteraaa.com

Text Message Addresses (i.e. 9012884356@pix.att.com) This text message address will be used to notify you of any losses that were dispatched for this account that are outside your area.

I'd like to be called FIRST before any loss is dispatched for this account. This will allow you to serve the customer if it's a large loss outside your area. The call center agent will tell you what the loss is and if you are unable to serve it, they will simply dispatch it to the commercially-certified QRV in the area.

Attach a list of all locations for this account to be served. You will need to indicate on this list which locations your business should be pre-assigned to, and if you have multiple licenses, which license number should be pre-assigned for each location. All other locations will be in the normal call center rotation for dispatching losses. If you are pre-assigning yourself, you are stating that you will serve this account every time, regardless of whether it is a \$500 or \$500,000 loss. The first time you don't serve a particular location you are pre-assigned to for this account you will lose the pre-assignment for that location.

ADDITIONAL ACCOUNT LOCATIONS

Address _____

City _____ State _____ Zip _____

Phone _____

Pre-Assign to

Company _____ License # _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____

Pre-Assign to

Company _____ License # _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____