



Old Rawdon Library Breck Road Anfield Liverpool L4 2RB
Tele 0151 263 1238 Fax 0151 260 4047 E-mail info@assuredbs.com www.assuredbs.com

**FORM A
AUTHORISATION TO COMMENCE WORKS AND MANDATE FOR DIRECT PAYMENT**

I/We: _____

Of: _____

authorise and direct Assured and/or their approved and nominated agents, to commence the work (within a reasonable period of time) following payment of any applicable policy excess.

Subject to satisfactory completion of the work undertaken by Assured (including their nominated sub-contractors) relating to goods and/or services supplied, I/we confirm our agreement that any stage payments and the net amount of their invoice charges relating to the Insured proportion may be made directly by our Insurers to Assured.

I/We understand that: -

- I/we have been given a copy of Assureds Standard Trading terms and Conditions and that these will apply.
- Payment of the net amount by our Insurers to Assured represents the indemnity entitlement in part or in full in respect of the claim under the policy in force at the time of the loss.
- Responsibility to settle any charges not covered by the insurance policy, including insurance shortfalls (in the event of under insurance), additionally specified works (modifications or betterment), policy excess or VAT amount due (unless exempt/partially exempt) directly with Assured in accordance with their offered terms.
- In the event of non payment or default by Insurers in respect of the net amount for any reason whatsoever, then I/we the Insured will be liable for the full amount of payment in respect of the net charges and VAT in accordance with Assureds Standard Trading Terms and Conditions.

I/We attach or have sent a cheque in the sum of £ _____, which represents the policy excess applicable to the claim. I/We understand that works shall not commence unless sanctioned by Assured until the correct policy excess has been paid.

This mandate is signed below by, the policyholder, an employee or representative of the person, or business Insured, who is authorised to direct Insurers to make a payment directly to Assured.

Insurer's ref.

Name(s)

Signature(s)

Dated

Return to Assured, Old Rawdon Library, Breck Road, Anfield, Liverpool, L4 2RB

**OR send electronically to *info@assuredbs.com*
(But don't forget your policy excess.)**