



DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

INSURANCE JOB PACKET

POST-LOSS CONTENTS • DEBRIS • PACK-OUT • SORTING • DISPOSAL

A complete field-and-billing packet for documenting claim-related services, owner-paid work, labor, contents handling, disposal, photographs, estimates, invoices, and job closeout.

Homeowner / Insured	
Property Address	
Insurance Carrier / Claim #	
Adjuster	
DCC Job # / Date	

CLAIM FILE • FIELD COPY • ADJUSTER COPY

505-239-1308 | DukeCityCleanouts.com

Albuquerque • Rio Rancho • Corrales • Los Lunas • Belen

DOCUMENTATION NOTICE: This packet is a business documentation tool, not legal or coverage advice. Insurance coverage and payment are determined by the policy and carrier. Duke City Cleanouts does not guarantee coverage or payment. Specialty remediation, regulated materials, structural work, and licensed trades are outside scope unless separately qualified and contracted.

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

1. HOMEOWNER AUTHORIZATION & WORK AUTHORIZATION

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

Authorization

I authorize Duke City Cleanouts LLC ("DCC") to enter the property identified above and perform the services approved by me in the written estimate/work order. I understand that DCC is being hired by me unless a separate written agreement states otherwise.

- ☐ Contents removal / pack-out
 ☐ Debris removal
 ☐ Sorting / separation
 ☐ Disposal / hauling
☐ Access clearing
 ☐ Post-loss cleanout
 ☐ Photo documentation
 ☐ Other: _____

Insurance Communication Authorization

I authorize DCC to communicate with my insurance carrier, adjuster, restoration contractor, property manager, or other claim professional about DCC estimates, invoices, photos, work status, and documents reasonably necessary to process payment for DCC services. This authorization does not allow DCC to settle, release, negotiate, or assign my insurance claim.

Payment Responsibility

I understand that I remain responsible for charges under my agreement with DCC, including deductibles, non-covered services, owner-requested upgrades or additions, and amounts not paid by insurance, unless DCC agrees otherwise in writing. Insurance approval is not guaranteed.

Contents Decisions

No item will be intentionally discarded contrary to the agreed scope or owner instructions. Items may be categorized as keep, move/pack, donate/recycle, dispose, or hold for review. Hazardous or regulated materials may require a specialty provider.

SIGN		
Homeowner / Authorized Representative Signature	Printed Name	Date

DCC Representative: _____ Date: _____

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

2. DIRECTION TO PAY - LIMITED PAYMENT AUTHORIZATION

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

TO THE INSURANCE CARRIER / CLAIMS ADMINISTRATOR:

I authorize and direct the insurer, claims administrator, mortgage company, or other claim payor, to the extent permitted by the policy and applicable law, to issue payment for approved Duke City Cleanouts LLC charges directly to:

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

Limited Purpose Only. This Direction to Pay is intended only as payment instruction for DCC invoices. It is NOT an assignment of benefits, assignment of the insurance policy, assignment of the claim, power of attorney, transfer of claim rights, or authorization for DCC to settle or release the claim.

Payment Terms. Payment should reference the claim number and DCC invoice number. Any payment made jointly to the insured and DCC should be promptly endorsed and delivered as permitted by applicable law and policy terms. The insured remains responsible for any deductible, non-covered amount, owner-paid scope, or unpaid contract balance unless otherwise agreed in writing.

☐ Send approved payment directly to DCC ☐ Issue joint payment to insured + DCC if required ☐ Contact DCC for W-9 / invoice support

Amount currently authorized (if known)		\$ _____
Estimate / Invoice #		_____
Preferred payment method		☐ Check ☐ Electronic ☐ Other
Carrier mailing/email instructions		
SIGN		
Homeowner / Insured Signature	Printed Name	Date

DCC note: Attach signed homeowner work authorization, estimate/invoice, and any carrier-required documentation.

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

3. INSURANCE-READY ESTIMATE

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

Loss / Work Description: _____

☐ Fire / smoke ☐ Water / plumbing ☐ Storm ☐ Vandalism ☐ Other: _____

☐ Emergency access ☐ Pack-out ☐ Debris / disposal ☐ Sorting ☐ Cleaning / reset ☐ Other

Line	Scope / Description	Area	Qty	Unit	Unit Price	Tax/Fees	Amount
1							
2							
3							
4							
5							
Claim-Related Subtotal				\$			
Owner-Paid Subtotal				\$			
Tax / Disposal / Other Fees				\$			
Deposit / Prior Payments				\$			
ESTIMATED BALANCE				\$			

Estimate Notes / Assumptions: _____

Coverage note: This estimate describes DCC services and does not determine insurance coverage. Scope changes, hidden conditions, extra labor, specialty disposal, or homeowner-added work may require a written change order.

SIGN	SIGN	
Homeowner Approval	DCC Representative	Date

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

4. ADJUSTER / CARRIER INVOICE

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

Invoice #		Invoice Date	
Payment Due	Upon receipt / per contract	Estimate / Work Order #	
Purchase Order / Authorization #		Related Restoration Co.	

Line	Service Date	Description	Qty/Hrs	Rate	Fees	Amount
1						
2						
3						
4						
5						
6						

Claim-Related Charges	\$
Owner-Paid Charges	\$
Disposal / Pass-Through Fees	\$
Tax (if applicable)	\$
Payments / Credits	\$
AMOUNT DUE	\$

Payment / Remittance Notes: Please reference claim # and invoice # with payment. Contact DCC for W-9 or supporting documents.

Supporting Documents Attached:

☐ Signed authorization ☐ Estimate ☐ Direction to Pay ☐ Photo log ☐ Labor log ☐ Contents/debris log ☐ Receipts



DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

5. PHOTO DOCUMENTATION LOG

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

Use sequential photo numbers. Photograph affected areas before work, during contents handling, and after completion. Avoid photographing unrelated private information when possible.

Photo #	Date/Time	Room / Area	Before / During / After	What It Shows	Claim / Owner	File Name

Photo Notes / Exceptions: _____

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

6. LABOR & CREW LOG

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

Record actual labor by worker and task. Separate claim-related tasks from owner-requested work whenever possible.

Date	Worker	Start	End	Break	Hours	Task / Area	Claim or Owner	Initials
Total Claim Hours								
Total Owner-Paid Hours								
Crew / Equipment Notes								
Supervisor Verification								

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

7. CONTENTS / DEBRIS DISPOSITION LOG

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

Track major contents groups or individual items as needed. Use supplemental sheets for large losses.

Item / Group #	Room	Description	Qty	Condition	Disposition	Claim/Owner	Photo #	Notes

☐ KEEP ☐ PACK / MOVE ☐ DONATE ☐ RECYCLE ☐ DISPOSE ☐ HOLD FOR REVIEW

Disposal / Transfer Destination: _____

Receipt / Weight Ticket #: _____ Total Fees: \$ _____

SIGN	SIGN	
Homeowner / Authorized Rep. Acknowledgment	DCC Representative	Date

DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

8. CLAIM-RELATED VS. OWNER-PAID SCOPE WORKSHEET

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

Purpose: create a clear working separation between services submitted to insurance and services requested directly by the homeowner.
Final coverage decisions belong to the insurer.

#	Task / Area	Reason Needed	Claim-Related	Owner-Paid	Adjuster / Owner Notes
1			☐	☐	
2			☐	☐	
3			☐	☐	
4			☐	☐	
5			☐	☐	
6			☐	☐	

Examples that may be claim-related when tied to a covered loss: moving wet or smoke-damaged contents; clearing access to affected walls/floors/plumbing; removing approved non-salvageable debris; pack-out needed for mitigation; documented post-loss contents handling.

Examples typically owner-paid unless specifically approved: general decluttering unrelated to the loss; organizing unaffected rooms; removal of pre-existing unwanted property; elective whole-house cleanout; routine cleaning or upgrades.

Claim-Related Estimated Total	\$
Owner-Paid Estimated Total	\$
Adjuster Approval / Reference	
Owner Approval / Change Order	



DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES

JOB CLOSEOUT CHECKLIST

Homeowner / Insured		Property Address	
Insurance Carrier		Claim #	
Adjuster		Adjuster Phone / Email	
Date of Loss		DCC Job #	

- ☐ Signed homeowner authorization on file
- ☐ Direction to Pay signed, if used
- ☐ Estimate / change orders signed
- ☐ Claim-related and owner-paid scope separated
- ☐ Before / during / after photos complete and labeled
- ☐ Labor log complete
- ☐ Contents / debris disposition log complete
- ☐ Dump / disposal / transfer receipts attached
- ☐ Final invoice matches completed scope
- ☐ W-9 / COI supplied if requested
- ☐ Carrier / adjuster received invoice package
- ☐ Homeowner received final invoice and owner-paid balance notice

Final Notes:

MORE THAN A CLEANOUT. ONE CALL. ONE CREW. ONE CLEANER SPACE.

WE CLEAR IT. YOU'RE GOOD.



DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES - WORK ORDER

Homeowner / Insured

Property Address

Insurance Carrier

Claim #

Adjuster

Adjuster Phone / Email

Date of Loss

DCC Job #

WORK ORDER DETAILS

Work Order Date

Requested Service Date

On-Site Contact

Contact Phone

AUTHORIZED SERVICES

☐ Contents removal / pack-out

☐ Debris removal

☐ Sorting / separation

☐ Disposal / hauling

☐ Areas to be Addressed

☐ Post-loss cleanout

☐ Photo documentation

☐ Other

Owner-Paid / Non-Claim Scope (if any)

ESTIMATED COST / JOB PARAMETERS

Crew Size

Est. Labor Hours

Labor Rate

Disposal Allowance

Materials / Supplies

EST. TOTAL

I authorize Duke City Cleanouts LLC to perform the work described above. Insurance coverage and payment are determined by the policy and carrier. I remain responsible for deductibles, non-covered work, owner-requested additions, and amounts not paid by insurance unless otherwise agreed in writing.

Homeowner / Authorized Representative Signature

Date

DCC Representative Signature

Date



DUKE CITY CLEANOUTS

INSURANCE LOSS SERVICES - JOB COMPLETION / CUSTOMER ACCEPTANCE

Homeowner / Insured		Property Address	
Insurance Carrier	Claim #	Adjuster	
Adjuster Phone / Email	Date of Loss	DCC Job #	

COMPLETION DETAILS				
Completion Date	Start Time	End Time	Crew Count	Total Labor Hours

SERVICES COMPLETED			
☐ Contents / pack-out	☐ Debris removal	☐ Sorting / separation	☐ Disposal / hauling
☐ Final Claim-Related Work Completed	☐ Post-loss cleanup	☐ Photo documentation	☐ Other
Owner-Paid Additions / Change Orders			

DISPOSAL / DOCUMENTATION	
Disposal / Donation / Transfer Destination	Receipt / Ticket #
Exceptions, Property Condition, Damage Observations, or Items Held for Review	

FINAL BILLING / PAYMENT STATUS			
Claim-Related Final Amount	Owner-Paid Final Amount	Payments / Credits	BALANCE DUE
Invoice sent to carrier / adjuster		Direction to Pay on file	Owner balance due

CUSTOMER COMPLETION ACKNOWLEDGEMENT	
I acknowledge that the services described above have been completed to the extent stated, subject to any exceptions noted. My signature confirms receipt/completion of services; it does not determine insurance coverage.	
Homeowner / Authorized Representative Signature	Date
DCC Representative Signature	Date