USAA Member's ACKNOWLEDGEMENT OF SATISFACTION

	(Signed Upon <u>Comp</u>	<u>letion</u> of Services/Repairs)		
(Initial)	representative. Any unsa	ted a walkthrough with the contractor tisfactory or unfinished (punch list) items that I bw been completed to my satisfaction.		
I have completed a final walkthrough of all work performed or services provided with the contractor representative, and I acknowledge that, based on the information currently available to me, all work performed and materials supplied by the contractor, its employees, subcontractors and agents have been completed in a professional and workmanlike manner in accordance with the job specifications, work authorization, and/or estimate.				
I acknowledge and agree that based on the information currently available to me, payment for services is now fully due to the contractor and that I understand that I remain responsible to pay any deductible owed under any insurance policy and to pay any amount due that is not covered by insurance.				
By signing this Acknowledgement, I am not releasing the contractor from any of its obligations, contractual or otherwise, related to the work performed or materials supplied by the contractor, its employees, sub-contractors, or agents, nor am I waiving any of my rights with respect those obligations.				
Member Printed Na	ame/ Date	Member Signature/Date		
Member Printed Na	ame/Date	Member Signature/Date		
Contractor Represe	entative	Contractor Representative Signature/Date		

Claim Number_____

USAA Member's ACKNOWLEDGEMENT OF SATISFACTION

(Signed Upon <u>Completion</u> of Services/Repairs)
I have completed a walkthrough and the following items remain to be completed.

Estimate item/description	Initial upon completion	
I have also completed a follow-up walk throup performed or services provided by the contra acknowledge that based on information curre materials supplied by the contractor, its employments completed in a professional and workmanlike work authorization and/or estimate.	actor including the items listed above, and ently available to me, all work performed a loyees, sub-contractors and agents have b	l nd een
I acknowledge and agree that based on the i services is now fully due to the contractor an owed under any insurance policy and to pay	d that I remain responsible to pay any ded	luctible
By signing this Acknowledgement, I am not r contractual or otherwise, related to the work its employees, sub-contractors, or agents, no obligations.	performed or materials supplied by the cor	ntractor,
Member Printed Name/ Date	Member Signature/Date	
Member Printed Name/Date	Member Signature/Date	
Contractor Representative Printed/Date	Contractor Representative Signature/Date	,
Claim Number		