

# P. SAVAGE INC.

PAINTING DEPARTMENT - PH#: 619-284-2918  
RESTORATION DEPARTMENT - PH#: 619-295-8600  
SAVAGE FAX#: 619-294-9453

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## FACSIMILE TRANSMITTAL SHEET

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TO:

FROM:

Sabrina R.

COMPANY:

Policy Holders Of America

DATE:

11/18/2003 12:44 PM

FAX NUMBER:

8886488823

PHONE NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

4

C/O:

Mark Beach

REFERENCE NUMBER:

URGENT    FOR REVIEW    PLEASE COMMENT    PLEASE REPLY    PLEASE RECYCLE

NOTES/COMMENTS:

**Hello, Please review the information that follows and let us know if you have any questions.**

*Please call me to confirm that you have received this fax & let me know if you have any questions or concerns.*

*Thank You & Have a Great Day!!*

*Sabrina Rubcic  
Office Manager*

*Want to know more about the many services*

*P. Savage Inc. offers...*

*Visit us on the web : <http://www.psavageinc.com>*

# POA

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**Policyholders of America**

**888-648-8823**

## **IAQ PROFESSIONAL ETHICS FLEDGE**

*POA is proud to refer its members to Indoor Air Quality professionals (testers, consultants, remediators and subs) who pledge to follow ethical guidelines as set forth by POA.*

*The following is the pledge we ask each and every contractor to sign and send back to us if they want to be placed on our referral list.*

### **THE PLEDGE TO UPHOLD PROFESSIONAL AND ETHICAL CONDUCT:**

**As a professional, I pledge to remain independent and not take an *advocacy role* for any party involved in a job referred to me by POA.**

**As a professional, I pledge to not minimize or overstate the level of contamination and what is needed to correct it, for any job referred to me by POA.**

**As a professional, I pledge to look for contamination, not look for ways of not finding it on my POA-referred job.**

**As a professional, I pledge to disclose in writing, to a POA-referred homeowner, if any restrictions have been placed on me by an insurer or other party involved and describe in writing any such restrictions. (This includes but is not limited to the number of samples taken, areas evaluated for testing and/or remediation, requests involving policy provisions or coverage limits, requests to alter reports).**

**As a professional, I pledge to provide the policyholder with a true and correct copy of the report done at their home by me or my company and do so in a timely manner, if the POA-homeowner requests it.**

**As a professional, I pledge to provide a true and correct scope of work to be performed and costs thereof, regardless of policy limits or other restrictions, if any, for any job referred to me by POA.**

**As a professional, on POA-referred jobs, I pledge to adhere to the most stringent published guidelines for assessment and remediation of mycotoxin-producing molds. (It is understood that these guidelines, which may become mandates and at that time the mandates need only be followed, will change from time to time and it is critical that the companies we refer business to keep up with and practice the highest standards.)**

**[www.policyholdersofamerica.org](http://www.policyholdersofamerica.org)**

As a professional, I pledge to stay within the areas of my expertise and training and not venture out of that area(s) on jobs referred to me or my company by POA.

As a professional, I pledge to utilize, if and when applicable, the services of an accredited laboratory or laboratory operating under a public university for sample analysis for all POA referred jobs. .

As a professional, I pledge to personally attend or send representatives of my company to attend, at a minimum, one professional conference par year so that I am kept abreast of the latest science, products, and methods used that will impact my business.

It is understood that POA receives no compensation for its referrals.

It is understood that POA does not accept any memberships from anyone other than homeowners and their legal representatives and I am hereby representing that I am not a member of POA.

It is also understood that if more than two POA members have issued formal complaints to POA about my services and POA has reason to believe those complaints are legitimate, I (or my company) may be taken off of the POA referral list until further notice. POA will extend me (or my company) the opportunity to appeal the decision to halt referrals.

POA referrals are provided within a geographic area and the geographic region in which you operate must be provided.

The undersigned is duly authorized to enter into this pledge on behalf of the company named below:

<u>P. Savage Inc. BUILDING</u>	<u>Patrick Savage/President</u>
Company / Restoration Services	Name/Title
<u>11/18/03</u>	<u>Patrick Savage</u>
Date	Signature

Other:

1. Please provide a brief description of services performed:

General Contractor -  
Water & Fire Damage Restoration  
Comercial Building Restoration

2. Territory Covered:

All of San Diego County

3. Telephone Number for POA Members To Call:

619-294-2918  
619-295-8600

4. Email Address:

G. Forge POWERS C. P. Savage Inc, Com

5. Website (if applicable):

WWW.P.Savage Inc, COM

6. Charge for Estimates (if applicable):

NONE

7. Any Other Details:

Painting Contractor  
Carpet Sales  
move outs of Fire Damage Homes  
Carpet cleaning  
Furniture cleaning  
mold and Remediation Damages

Fax the filled out form and other information to: 888-648-8823. Thank you.

Melinda Ballard, Policyholders of America

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