



BRANCH RESTORATION SERVICES

DATE: 7/2/07

Send to: POA – Policy Holders of America
Attention: Melinda Ballard
Office Location:
Fax Number: 1.888.648.8823

From: Jennifer Savnik
Office Location: Branch Restoration Services
Phone Number: 631.563.7300
Number of Pages, Including Cover: 4

URGENT REPLY ASAP PLEASE COMMENT PLEASE REVIEW FOR YOUR INFORMATION

COMMENTS:

Good Morning Melinda,

To follow please find our completed application for the POA referral membership. If you have any questions in regard to this application, please contact me at 631.563.7300 x 25.

Best regards,

Jennifer Savnik

fax cover

Branch Restoration Services
101 Colin Drive Unit 3
Holbrook, NY 11741
631.563.7300
j.savnik@branchrestoration.com

POA

Policyholders of America

888-648-8823

IAQ PROFESSIONAL ETHICS PLEDGE

POA is proud to refer its members to Indoor Air Quality professionals (testers, consultants, remediators, and contractors) 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. An additional page to fill out also is attached.

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 any 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 on 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.)

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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 per 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:

Branch Restoration Services
Company

Jennifer Savnik - Director of Business Development
Name/Title

7/2/07
Date

Jennifer Savnik
Signature

Other: Please provide a brief description of services performed, geographic territory covered, email and/or telephone number for POA members to call, charge for estimates (if applicable), and any other details you feel is important. A sheet is attached.

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

Melinda Ballard, Policyholders of America

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REFERRAL QUESTIONNAIRE: This must accompany pledge so that we can better serve requests for information

NAME OF COMPANY: Branch Restoration Services

GEOGRAPHIC AREA/STATES COVERED: NY Metro Area including Long Island, Manhattan, New Jersey, Westchester and Connecticut

AREA OF EXPERTISE:

REMEDIATOR

IAQA INVESTIGATOR: (check one or more)

investigator/tester

consultant

field technician

CONTRACTOR (check one)

General Contractor (Build-back)

HVAC

Plumbing

PRIMARY CONTACT: Jennifer Savnik

SECONDARY CONTACT: _____

PHONE NUMBER: (631) 563.7300 x 25

WEBSITE: www.branchrestoration.com

EMAIL ADDRESS OF CONTACTS: j.savnik@branchrestoration.com

COMPANY ADDRESS: 101 Colin Drive Unit 3

Holbrook, NY 11741

NOTE: (If applicable): * Manhattan Address: 261 West 35th St.

Suite 403
New York, NY 10001