

# Fence Repair Agreement

**Date:** [Insert date]

**Insured Party:** [Name]

**Address:** [Address]

**Insurance Company:** [Insurance Company Name]

**Policy Number:** [Policy Number]

## Agreement Details

This agreement outlines the terms for the repair of the fence located at [Property Address] due to damages covered under policy number [Policy Number].

### Scope of Work

- Inspection of existing fence
- Replacement of damaged sections
- Repainting and finishing

### Cost Estimate

The total cost for the above work is estimated at **[\$[Amount]]**.

### Payment Terms

Upon completion of the work, the payment will be made directly to the contracting company as per the invoice issued.

### Signatures

\_\_\_\_\_

[Insured Party Name]

Date: \_\_\_\_\_

\_\_\_\_\_

[Contractor Name]

Date: \_\_\_\_\_