

NYSOM Enterprises INC
DBA
Space Coast Emergency Tarping
3425 Bayside Lakes Blvd SE
Suite 103
Palm Bay FL 32909
nmaldonado@spacecoastemergencytarping.com



DIRECTION OF PAY FORM

This Direction of Payment Form (the "Form") is made this ____ day of _____, 2025, by and between:

Owner/Insured Name: _____

Property Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email: _____

and

Service Provider: NYSOM Enterprises INC DBA Space Coast Emergency Tarping

3425 Bayside Lakes Blvd SE, Suite 103, Palm Bay, FL 32909

1(877)321-8277

info@spacecoastemergencytarping.com

INSURANCE CARRIER INFORMATION:

Carrier Name: _____

Policy Number: _____

Claim Number: _____

DIRECTION OF PAY AGREEMENT:

I, the undersigned Owner/Insured, kindly authorize and request that my insurance company, its representatives, or its assigns, **issue payment directly** to: **NYSOM Enterprises Inc., DBA Space Coast Emergency Tarping**

3425 Bayside Lakes Blvd SE, Suite 103 Palm Bay, FL 32909

This authorization includes, but is not limited to, any settlement checks, proceeds, or other insurance payments related to services rendered by NYSOM Enterprises Inc., DBA Space Coast Emergency Tarping, for emergency mitigation services performed at my property.

All corresponding\applicable insurance payments shall be remit to:

NYSOM Enterprises Inc DBA Space Coast Emergency Tarping

3425 Bayside Lakes Blvd SE, Suite 103, Palm Bay, FL 32909

Should any payments be issued directly to me (**owner**), I agree to promptly endorse and forward those funds to

NYSOM Enterprises Inc., DBA Space Coast Emergency Tarping,

to ensure proper handling and fulfillment of the services rendered.

FRAUD ACKNOWLEDGMENT

I understand that retaining insurance proceeds intended for payment of services provided by NYSOM Enterprises Inc., DBA Space Coast Emergency Tarping, without remitting payment as agreed, may constitute insurance fraud under Florida law.

Specifically, **Florida Statute 817.234** makes such actions subject to penalties including fines, restitution, and/or imprisonment.

By signing this form, I confirm my understanding and commitment to ensure that all applicable insurance proceeds are handled correctly and with integrity.

This Direction of Payment shall become effective once services begin and remains in place to facilitate proper and timely payment for the emergency mitigation services provided.

OWNER SIGNATURE: _____

Date: ____ / ____ / ____

SERVICE PROVIDER REPRESENTATIVE SIGNATURE: _____

Date: ____ / ____ / ____