

NYSOM Enterprises Inc
DBA Space Coast Emergency Tarping
3425 Bayside Lakes Blvd Suite 103
Palm Bay, FL 32909



Job- 11 -
Invoice Number: **11**
Invoice Date: **7/2/25**
Terms: **Upon Receipt**

Insured:
Mary Sieving
(POA Susan Giacchina)
1080 Seamist Lane
Sebastian, FL 32956

INVOICE

Bill to: **Frontline**
Claim Number: **7009106213-1**
Invoice Balance Due: **\$3,300.00**

EMERGENCY TARPING SERVICE

<u>MATERIALS</u>	<u>UNIT PRICE</u>	<u>QUANTITY</u>	<u>TOTAL</u>
TEMP POLY TARP INSTALL W/ SANDBAGS	5.5	500	\$2,750.00
<u>LABOR</u>	<u>UNIT PRICE</u>	<u>QUANTITY</u>	<u>TOTAL</u>
TWO MAN CREW	200.00	2	\$400.00
HAZARDOUS CONDITIONS SURCHARGE	150.0	1	\$150.00
			<u>TOTAL</u>
Grand Total:			\$3,300.00

📄 Service Description – **July 2, 2025 - Property Address: 1080 Seamist Lane Sebastian, FL 32956**

On **July 2, 2025**, **Space Coast Emergency Tarping** responded to an urgent request by the homeowner to Install a roof tarp due to several leaks, as documented. Our **two man crew** **securely installed a poly tarp measuring 20' x 25'** using **sandbags** as anchors to provide temporary protection against further weather exposure.

A total of **500 square feet** of roofing was covered. **The property is located approximately 35 mins from our dispatch office in Palm Bay, Florida**, and therefore no trip charge has been included. There was a hazardous conditions surcharge added as it was raining during the install. The entire scope of work — including inspection, setup, tarp deployment, and site cleanup — **was completed the same day** to mitigate the water intrusion and stabilize the structure until permanent roof repair can occur.

⚠️ **Important Notice:** This tarp installation is a **temporary emergency measure**.

While it is designed to resist moderate weather conditions, it is not a permanent solution. Wind uplift or future severe weather events may compromise the tarp's integrity. **In the event of additional storms or exposure** that requires tarp reset or replacement, **a new service charge will apply. A signed Work Authorization Agreement, Direction of Pay, and before-and-after photos have been submitted along with this invoice for your review.** If any of the aforementioned items are missing or you would like to request copies, please email us at **info@spacecoastemergencytarping.com** and include the claim number in the subject line. Thank you !

REMIT TO:
3425 Bayside Lakes
Blvd Suite 103
Palm Bay, FL 32909



Company Representative:
Noel Maldonado
(407) 766-6280
nmaldonado@spacecoastemergencytarping.com

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Noel Malababo	
2 Business name/disregarded entity name, if different from above NYSOM Enterprises INC	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 3425 Bayside Lakes Blvd suite 103	Requester's name and address (optional)
6 City, state, and ZIP code Edinburg, TX 78840	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

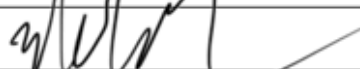
Social security number	
or	
Employer identification number	
99	3923630

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 10/3/24
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

NYSOM Enterprises Inc.
DBA Space Coast Emergency Tarping
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Palm Bay, FL 32909



INSTALLATION/LEAK PHOTOS

INSTALLATION



LEAK



REMIT TO:
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Company Representative:
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(407) 766-6280
nmaldonado@spacecoastemergencytarping.com

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nmaldonado@spacecoastemergencytarping.com



DIRECTION OF PAY FORM

This Direction of Payment Form (the "Form") is made this 2 day of July, 2025, by and between:

Owner/Insured Name: Mary Sieving (POA Susan Giacchina)

Property Address: 1080 Seamist Ln

City: Sebastian **State:** FL **ZIP:** 32958

Phone Number: 7725713607

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: Frontline

Policy Number: 8614729474

Claim Number: 7009106213-1

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: 7 / 2 / 25

SERVICE PROVIDER REPRESENTATIVE SIGNATURE: _____

Date: 7 / 2 / 25



EMERGENCY SERVICES WORK AUTHORIZATION AGREEMENT

This Emergency Services Work Authorization Agreement (the "Agreement") is made this 2 day of July, 2025, by and between:

Owner: Mary Sieving (POA Susan Giacchina)

Address: 1080 seamist lane City: Sebastian State: FL ZIP: 32959 Phone: 7725713607

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 INFORMATION

Carrier Name: frontline
Policy Number: 8614729474
Date Of Loss: 05/24/25
Claim Number: 7009106213-1

TERMS AND CONDITIONS

- 1. Scope of Work:** Service Provider agrees to perform emergency mitigation services, including but not limited to tarping, (the "Services") at the Owner's property listed above.
- 2. Property Access:** Owner grants Service Provider, its employees, representatives, subcontractors, and suppliers full access to the property to perform the Services. Owner acknowledges that Service Provider is providing temporary protective measures only and is not responsible for performing licensed construction, roofing, or permanent repairs.
- 3. Consent for Insurance Communication:** Owner authorizes Service Provider to communicate directly with Owner's insurance company, public adjuster, or legal representative regarding the claim related to this Service. Owner requests that all payments pertaining to Service Provider's work be paid directly to Service Provider by the Owner's insurance provider.
- 4. Temporary Nature of Services:** Owner understands and acknowledges that the services performed by Service Provider are emergency, temporary protective measures designed solely to mitigate further damage during the insurance claims process. The services are not permanent repairs and should not be relied upon as long-term solutions. Service Provider does not guarantee the services against future weather events, material failures, or unforeseen circumstances. If the Owner desires permanent repair or full restoration of the property, it is the Owner's sole responsibility to contact and retain a licensed construction or roofing professional. Service Provider will not provide permanent repair services.
- 5. Indemnification and Release of Liability:** Owner agrees to indemnify, defend, and hold harmless Service Provider, its employees, agents, independent contractors, and subcontractors from any and all claims, damages, injuries, or losses arising from pre-existing conditions of the property, hidden defects or structural deficiencies, subsequent weather events or natural disasters, Owner's failure to notify Service Provider promptly if the tarp or other mitigation measures become compromised, any damage to property contents or interior following the Services, accidents or injuries occurring on or near the service work area after Services are performed, and any claims arising from the acts or omissions of independent contractors or subcontractors engaged by Service Provider.
- 6. Insurance Waiver:** Service Provider is not liable for damages occurring after completion of Services unless caused solely by Service Provider's gross negligence. I acknowledge that NYSOM Enterprises Inc., DBA Space Coast Emergency Tarping, provides emergency mitigation services that are temporary and non-structural in nature. According to Florida Statute 489.103(6), activities limited to emergency protection, such as tarping, are exempt from contractor licensing and related insurance mandates. Because these services do not involve permanent construction, structural alterations, or regulated building activities, general liability insurance typically required for licensed contracting work is not mandated for this type of temporary service. Nevertheless, Space Coast Emergency Tarping remains committed to safe practices and professionalism while assisting property owners in protecting their assets during emergencies.
- 7. Responsibility for Maintenance:** The Owner is not responsible for setting, securing, or re-securing the tarp or any other mitigation measures. If any mitigation installed becomes dislodged or compromised, Owner agrees to immediately notify Service Provider. Service Provider will dispatch a team to resecure or adjust the mitigation as needed. However, if the Owner fails to notify Service Provider and additional damage occurs, Owner assumes responsibility for that damage.
- 8. Financial Responsibility:** Owner is not financially responsible for payment of services unless the Owner cancels the insurance claim in reference, impedes or obstructs said claims process, provides false or misleading information regarding insurance coverage, or falsely claims an active policy or omits prior claim history impacting coverage. If any of the above occur, the Owner agrees to pay Service Provider the full invoiced amount for all services rendered.
- 9. Documentation Consent:** Owner consents to Service Provider taking photographs, video, and written documentation of the property before, during, and after the Services for the purposes of insurance documentation, service verification, and Service Provider's internal records.
- 10. Sensitive Insurance Information:** Owner acknowledges and consents that Service Provider may receive, review, and use sensitive insurance-related information solely for the purpose of assisting with the emergency services, verifying service completion, and facilitating insurance claim processing. Service Provider will maintain strict confidentiality of all sensitive insurance information and will not disclose such information to any third party unless required by law or necessary to assist in the insurance claim process.
- 11. Independent Contractor Relationship:** Owner acknowledges that Service Provider may utilize independent contractors to perform some or all services. These individuals are not employees of Service Provider, and Service Provider assumes no liability for their actions beyond coordination of the requested emergency service.
- 12. Conclusion of Services:** Upon receipt of final payment from the Owner's insurance provider or confirmation of claim settlement, Service Provider's obligations under this Agreement shall be deemed fully satisfied. Service Provider shall not be required to return to the property for any additional services, maintenance, or inspections unless otherwise agreed upon in writing.
- 13. Termination of Agreement:** If the Owner's insurance provider denies coverage for emergency services and no interference or false information from the Owner is involved, both parties are released from this Agreement unless otherwise agreed upon in writing.
- 14. Force Majeure:** Service Provider shall not be held liable for delays, failures, or damages caused by acts of God, severe weather, labor disputes, acts of war, pandemics, governmental restrictions, or any other event beyond Service Provider's reasonable control.
- 15. Waiver of Subrogation:** Owner waives any right of subrogation against Service Provider by any insurance provider or third party for claims arising out of the Services provided under this Agreement.
- 16. Severability:** If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.
- 17. No Warranties Disclaimer:** Service Provider makes no warranties, express or implied, regarding the materials, workmanship, or performance beyond reasonable emergency installation. Owner acknowledges that services provided are temporary protective measures only.
- 18. FL Licensing Requirements:** I acknowledge and understand that emergency mitigation services, including tarping, provided by NYSOM Enterprises Inc., DBA Space Coast Emergency Tarping, are considered temporary protective measures and do not require a contractor's license under Florida law. As outlined in Florida Statute 489.103(6), temporary services performed to prevent further damage to property are specifically exempt from state contractor licensing requirements. These critical services help safeguard properties until permanent repairs can be made by licensed contractors where necessary.
- 19. Entire Agreement:** This Agreement constitutes the full and complete understanding between the parties. No oral statements or prior agreements shall have any force or effect.

OWNER SIGNATURE: _____

Date: 7 / 2 / 25

SERVICE PROVIDER REPRESENTATIVE SIGNATURE: _____

Date: 7 / 2 / 25