



## HOIP Scope of Work Approval Form

Claim Number: \_\_\_\_\_

**Please Note:** The [Online Community](#) is the most efficient and transparent way to access your claim. You can manage and complete all forms directly online. If you need help, please call us at 1-800-822-3905

### I. Claim Information

Insured Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tank Address: \_\_\_\_\_  
*Street City Zip Code*

### II. Description of Work Completed and Remaining

Describe work completed that corresponds to this Invoice Authorization Form

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Payment

Complete this section only if an interim payment is being submitted with this Scope of Work.

Payments are made thirty (30) days after PLIA receives this form and all necessary supporting documentation. Payment amounts may not exceed pre-approved project costs as detailed on the work plans and change orders associated with this claim. An itemized invoice or detailed list of all costs incurred must be submitted via the Online Community before payments are made. All necessary attachments, photos, receipts, etc.) should be submitted via the Online Community.

*NOTE: Payment may be delayed or denied if supporting documentation (e.g., receipts, photos, plan for closure, etc.) is not submitted via the Online Community or if work completed does not correspond with an approved Work Plan. Any documentation submitted via the Online Community must be made available to the insured upon their request.*

Interim Project Payment Requested: \$ \_\_\_\_\_

Invoice Number (Online Community): \_\_\_\_\_

**VI. Authorizations – Scope of Work**

*Deviations from the work and costs detailed for the selected cleanup alternative may not be made without prior written approval by PLIA.*

Scope of Work Cost Estimate: \$ \_\_\_\_\_

**Service Provider**

- Service provider certifies that all records supporting the information provided in the scope of work have been made available to the Owner and have been submitted to PLIA via the Online Community.

Service Provider Name: \_\_\_\_\_

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

**Owner**

- Owner has reviewed and acknowledges the Scope of Work and understands that work associated with owner’s claim may not begin without the written approval of PLIA.
- Owner approves and accepts the completed work on this project to date and approves payment for the associated invoice(s) (if applicable).
- Owner understands that the Online Community is the preferred submittal method for owner acknowledgement and approval in the Heating Oil Insurance Program. Owner is voluntarily using this form to certify their acceptance of the Scope of Work, as presented by their service provider, in lieu of the Online Community.

Owner Name: \_\_\_\_\_

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