CONTRAC	ΤA	
Public Insurance Adjuster Name, A		
Date:2		
The insured (s)		
Hereby retain (Public Insurance Adjuster) to a	assist in the preparation.	
presentation and adjustment of all applicable	claims for the loss or damage.	
caused by		
(Type of Loss)	_	
at		
(Location of Loss) This occurred on or about(Date of Lo	20	
I his occurred on or about(Date of Le	20	
And agree to pay (Public Insurance Adjuster),	unon settlement and navment of	
claim a fee of Inot to exceed t	en (10%) percentl of the amount	
claim a fee of [not to exceed t collected, adjusted, or otherwise received and	d or issued by the involved	
Insurance Company (ies), including salvage p		
whom said loss is payable.	noceeds, if applicable, regardless to	
Whom said loss is payable.		
YOU MAY CANCEL THIS CONTRACT WITH	IOLIT ANY PENALTY OR	
FURTHER OBLIGATION BY CAUSING A WR		
CANCELLATION TO BE DELIVERED IN PER		
FACSIMILE TRANSMISSIONS BY OVERNIG	•	
CERTIFIED OR REGISTERED UNITED STA	· · · · · · · · · · · · · · · · · · ·	
THE PUBLIC INSURANCE ADJUSTER SPEC	•	
WITHIN 3 CALENDAR DAYS OF THE DATE		
CONTRACT. THIS CONTRACT THEREAFTE		
INSURED WHO SIGNED IT, OR THEIR DES		
TO THE PUBLIC INSURANCE ADJUSTER'S ASSERTION OF A FEE LIEN		
UPON INSURANCE PROCEEDS OFFERED		
EFFORTS AS THE INSURED'S REPRESEN		
AGREEMENT YOU WILL REMAIN LIABLE F	OR REASONABLE AND	
NECESSARY EMERGENCY OUT-OF-POCK	ET EXPENSES OR SERVICES	
WHICH WERE PAID FOR OR INCURRED B'		
ADJUSTER DURING SAID 3 DAY PERIOD 1	TO PROTECT THE INTERESTS OF	
THE INSURED.		
I/WE HAVE READ THE ABOVE AGRE	EEMENT BEFORE SIGNING	
(Gianatura of Inguinad/a)	(Data)	
(Signature of Insured(s)	(Date)	
By:		
(Signature of Public Insurance Adjuster)	(Date)	

EACH PARTY SHALL RECEIVE A COPY OF THIS CONTRACT

CONTRACT B

Public Insurance Adjuster Name, Address, Phone Numbers Date:				
			at	
			(1 ti f 1)	
			This occurred on or about(Date of Loss)	20
			And agree to pay (Public Insurance Adjuster),	
claim a fee of ten (10%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Company (ies), including salvage proceeds, if applicable, regardless to whom said loss is payable. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR				
			FURTHER OBLIGATON BY CAUSING A WR	ITTEN NOTICE OF YOUR
			CANCELLATION TO BE DELIVERED IN PER	RSON, BY TELEGRAM OR
			FACSIMILE TRANSMISSIONS BY OVERNIG	HT EXPRESS DELIVERY OR
CERTIFIED OR REGISTERED UNITED STA	TES MAIL, TO THE ADDRESS OF			
THE PUBLIC INSURANCE ADJUSTER SPEC	CIFIED IN THIS CONTRACT,			
WITHIN 3 CALENDAR DAYS OF THE DATE	THAT YOU RECEIVE THIS			
CONTRACT. THIS CONTRACT THEREAFTE	R MAY BE REVOKED BY THE			
INSURED WHO SIGNED IT, OR THEIR DES	IGNEE, AT ANY TIME, SUBJECT			
TO THE PUBLIC INSURANCE ADJUSTER'S				
UPON INSURANCE PROCEEDS OFFERED				
EFFORTS AS THE INSURED'S REPRESENTATIVE. IF YOU CANCEL THIS				
AGREEMENT YOU WILL REMAIN LIABLE F				
NECESSARY EMERGENCY OUT-OF-POCKET EXPENSES OR SERVICES				
WHICH WERE PAID FOR OR INCURRED BY THE PUBLIC INSURANCE ADJUSTER DURING SAID 3 DAY PERIOD TO PROTECT THE INTERESTS OF				
			THE INSURED.	OTROTEOT THE INTERESTS OF
I/WE HAVE READ THE ABOVE AGRE	EMENT DEEODE SIGNING			
I/WE HAVE KEAD THE ABOVE AGK	LIMENT BEI ONE SIGNING			
(Signature of Insured (s))	(Date)			
Ву	,			
:Signature of Public Insurance Adjuster)	(Date)			

EACH PARTY SHALL RECEIVE A COPY OF THIS CONTRACT