

CONTRACT A

Public Insurance Adjuster Name, Address, Phone Numbers

Date: _____ 20 _____

The insured (s) _____

Hereby retain (Public Insurance Adjuster) to 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 _____ 20 _____.

(Date of Loss)

And agree to pay (Public Insurance Adjuster), upon settlement and payment of claim a fee of _____ [not to exceed 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 OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON, BY TELEGRAM OR FACSIMILE TRANSMISSIONS BY OVERNIGHT EXPRESS DELIVERY OR CERTIFIED OR REGISTERED UNITED STATES MAIL, TO THE ADDRESS OF THE PUBLIC INSURANCE ADJUSTER SPECIFIED IN THIS CONTRACT, WITHIN 3 CALENDAR DAYS OF THE DATE THAT YOU RECEIVE THIS CONTRACT. THIS CONTRACT THEREAFTER MAY BE REVOKED BY THE INSURED WHO SIGNED IT, OR THEIR DESIGNEE, AT ANY TIME, SUBJECT TO THE PUBLIC INSURANCE ADJUSTER'S ASSERTION OF A FEE LIEN UPON INSURANCE PROCEEDS OFFERED OR SECURED THROUGH HIS EFFORTS AS THE INSURED'S REPRESENTATIVE. IF YOU CANCEL THIS AGREEMENT YOU WILL REMAIN LIABLE FOR REASONABLE AND 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.

I/WE HAVE READ THE ABOVE AGREEMENT BEFORE SIGNING

(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: _____ 20_____

The insured (s) _____

Hereby retain (Public Insurance Adjuster) to 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 _____ 20_____.

(Date of Loss)

And agree to pay (Public Insurance Adjuster), upon settlement and payment of 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 OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON, BY TELEGRAM OR FACSIMILE TRANSMISSIONS BY OVERNIGHT EXPRESS DELIVERY OR CERTIFIED OR REGISTERED UNITED STATES MAIL, TO THE ADDRESS OF THE PUBLIC INSURANCE ADJUSTER SPECIFIED IN THIS CONTRACT, WITHIN 3 CALENDAR DAYS OF THE DATE THAT YOU RECEIVE THIS CONTRACT. THIS CONTRACT THEREAFTER MAY BE REVOKED BY THE INSURED WHO SIGNED IT, OR THEIR DESIGNEE, AT ANY TIME, SUBJECT TO THE PUBLIC INSURANCE ADJUSTER'S ASSERTION OF A FEE LIEN UPON INSURANCE PROCEEDS OFFERED OR SECURED THROUGH HIS EFFORTS AS THE INSURED'S REPRESENTATIVE. IF YOU CANCEL THIS AGREEMENT YOU WILL REMAIN LIABLE FOR REASONABLE AND 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.

I/WE HAVE READ THE ABOVE AGREEMENT BEFORE SIGNING

(Signature of Insured (s))

(Date)

By

(Signature of Public Insurance Adjuster)

(Date)

EACH PARTY SHALL RECEIVE A COPY OF THIS CONTRACT