



Florida Licensed Public Insurance Adjuster 3-20 All Lines P174940
Florida Private Investigative Agency A-2700456
Telephone: (877) P I Adjuster (742-3587) Facsimile: (855) 742-3587
Electronic Mail: adjuster@dorsaassociates.com
www.florida-public-adjuster.com

POLICYHOLDER(S)				
Full Name(s):			Email:	
Address:	City:	County:	State:	Zip:
Phone:	Fax:			Cell:
PUBLIC INSURANCE ADJUSTER				
Full Name:			License Number:	
Permanent Business Address:	City:	County:	State: Florida	Zip:
Phone: (877) 742-3587	Fax: (855) 742-3587	Email: adjuster@dorsaassociates.com	Website: www.florida-public-adjuster.com	
Public Adjuster Firm Name: D'Orsa and Associates, LLC		Claim Type:		
LOSS				
Loss Address:	City:	County:	State:	Zip:
Date of Loss:	Description of Loss:			
INSURANCE COMPANY				
Name # 1:			Policy/Claim Number:	

The above referenced Policyholder(s) (collectively referred to as "POLICYHOLDER") and Public Insurance Adjuster ("PUBLIC ADJUSTER") (collectively referred to as "PARTIES") enter into this Public Insurance Adjuster Services Agreement (this "Agreement") for the following described services (the "Services") relating to the above referenced loss (the "LOSS"), pursuant to the following terms and conditions, which are incorporated herein for all purposes:

1. SERVICES: PUBLIC ADJUSTER will act as a public insurance adjuster on behalf of POLICYHOLDER for the services provided and fees will be paid upon the preparation and/or presentment of the claim for loss, damage, and recovery for the LOSS under any insurance policies including those listed above relating to the following insurance coverage provided in the policy(ies). This does not include assisting in any appraisal/mediation/arbitration or legal proceedings whether contractual or extra contractual. Other:

2. NOTICE OF PUBLIC INSURANCE ADJUSTER SERVICES AND OF ASSIGNMENT: POLICYHOLDER further agrees and confirms that a portion of the recovery from any insurance company has been assigned by POLICYHOLDER to PUBLIC ADJUSTER. Accordingly, POLICYHOLDER has instructed and hereby instructs all insurance companies and authorizes PUBLIC ADJUSTER to direct all insurance companies to make POLICYHOLDER and PUBLIC ADJUSTER co-payees on any payments, checks, and/or drafts prepared by insurance companies for claims relating to this Agreement. POLICYHOLDER also has instructed and hereby instructs all insurance companies and authorizes PUBLIC ADJUSTER to direct that all communications, correspondence, checks, and/or drafts be addressed and sent to PUBLIC ADJUSTER with a copy of all communications, correspondence, drafts, and checks sent to the POLICYHOLDER. All risk and/or damage inspections are to be coordinated with and through PUBLIC ADJUSTER. POLICYHOLDER has instructed and hereby instructs all insurance companies and authorizes PUBLIC ADJUSTER to direct all insurance companies to provide PUBLIC ADJUSTER/POLICYHOLDER with the following within ten (10) days from notice for each policy of insurance (including, but not limited to, coverage forms, amendatory endorsements, and/or exclusions) that may in any way provide coverage for the LOSS: (1) a certified copy of each of the policy(ies), including declaration page and any applicable exclusions, endorsements, etc.; (2) the type and limits of the coverages afforded by each policy; and (3) a statement of any policy or coverage defense that insurer reasonably believes is available to such insurer at the time of filing such statement for each policy. It is requested that the insurance company assure that all policy provisions are complied with in processing POLICYHOLDER's claim. Please note that it is POLICYHOLDER's intention to make a claim for loss and/or damage relating to any replacement cost provisions of the policy of insurance. Further, the insurance company must immediately send to PUBLIC ADJUSTER and POLICYHOLDER any additional or supplemental documentation or information that may be discovered in the future relating to this request.

3. CANCELLATION OF AGREEMENT: POLICYHOLDER may cancel this Agreement without penalty or obligation within ten (10) days after the date on which this Agreement is executed, as shown below. Notice of cancellation must be submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof of mailing thereof to the PUBLIC ADJUSTER at the address specified in this contract. If during the pendency of this Agreement PUBLIC ADJUSTER determines within its sole discretion that POLICYHOLDER can no longer be represented for any reason, PUBLIC ADJUSTER may withdraw from further representation. In the event that work has been performed by the PUBLIC ADJUSTER and POLICYHOLDER elects to cancel the contract within the first ten (10) days, POLICYHOLDER agrees that the PUBLIC ADJUSTER shall be entitled to fee compensation on a quantum meruit basis including but not limited to reimbursement for any incurred expenses agreed to by the POLICYHOLDER. Penalty or obligation to POLICYHOLDER after the allotted time period may be assessed on an hourly basis of time and tasks performed at a rate of the licensed investigative agency A-2700456 \$250.00.

4. FEES FOR SERVICES: POLICYHOLDER understands and agrees that PUBLIC ADJUSTER shall recover its fees based on the amount recovered from an insurance company for the LOSS including, but not limited to, compromise, confession of liability, appraisal awards, judgments, awards and/or settlements of damages, costs, interest, fees, and/or payments of POLICYHOLDER's liens, bills, or claims. PUBLIC ADJUSTER's fee shall be immediately due and payable upon insurance company making any payment. The fee calculation shall be computed before costs are subtracted from the total amount recovered. The amount of the PUBLIC ADJUSTER's fees shall be computed as follows: **TWENTY PERCENT/20%** of the amount of claim payments by any insurance company for the LOSS or **TWENTY PERCENT/20%** of the amount of any new claim payments in excess of **\$00.00** considered as sums due/paid for damages determined by any insurance company for the LOSS. Ten percent of the amount of claim payments by any insurance company for the LOSS, if the claim is based on events that are the subject of a declaration of a state of emergency by the Governor and the claims are made during the period of 1 year after the declaration of emergency. POLICYHOLDER and PUBLIC ADJUSTER understand and agree that the percentages provided in this Agreement comply with Florida law in effect as of the date of this Agreement. If the provision of any state or federal rule or statute requires payment of fees in a lesser amount than those set forth above, then POLICYHOLDER and PUBLIC ADJUSTER understand that POLICYHOLDER will be charged only the lesser amount provided for in said rule or statute.
Other: _____.

5. EXPENSES/COSTS: POLICYHOLDER understands and agrees that POLICYHOLDER is responsible for all costs and expenses incurred for the preparation and/or presentment of the claim for loss, damage, and recovery for the LOSS. If POLICYHOLDER authorizes PUBLIC ADJUSTER to pay on POLICYHOLDER's behalf such costs and expenses the PUBLIC ADJUSTER deems necessary from time to time to investigate, prepare a claim, settle a claim, and/or take other action the PUBLIC ADJUSTER deems necessary to pursue POLICYHOLDER's claim, POLICYHOLDER understands such costs and expenses advanced by PUBLIC ADJUSTER on POLICYHOLDER's behalf are payable to PUBLIC ADJUSTER and shall be deducted from any recovery after fees for services are computed and paid to PUBLIC ADJUSTER. If there is any recovery, whether during the time of service by PUBLIC ADJUSTER, service by another public insurance adjuster, appraiser, representation by an attorney, or without services provided by an adjuster or attorney, PUBLIC ADJUSTER will be entitled to recovery of all reasonable fees and expenses/costs expended in the processing of POLICYHOLDER's claim. POLICYHOLDER understand appraisal fees are paid for by POLICYHOLDER and separate from this contract. POLICYHOLDER understands that if POLICYHOLDER elects to terminate PUBLIC ADJUSTER, POLICYHOLDER shall immediately pay PUBLIC ADJUSTER all costs and expenses of PUBLIC ADJUSTER and shall remain responsible for all fees for services rendered pursuant to this Agreement and PUBLIC ADJUSTER may have a lien or a claim for quantum meruit on any recovery from this claim.

6. LETTER OF PROTECTION: POLICYHOLDER understands and agrees that if it becomes necessary to retain an attorney, POLICYHOLDER authorizes and agrees to a Letter of Protection for the PUBLIC ADJUSTER. POLICYHOLDER shall direct POLICYHOLDER'S attorney to prepare a Letter of Protection, which is a legally binding document signed by the PARTIES and the attorney, that directs POLICYHOLDER's attorney to pay the fees and costs due under this Agreement from any recovery by POLICYHOLDER for the LOSS.

7. PROVISIONS CONCERNING SERVICES: POLICYHOLDER and PUBLIC ADJUSTER understand and agree that neither party shall settle any claims arising out of the LOSS without first obtaining the consent of the other. POLICYHOLDER's deposit or negotiation of a claim payment is evidence of POLICYHOLDER's consent to settlement. POLICYHOLDER agrees to cooperate with PUBLIC ADJUSTER, to be available for preparation of the claim, conferences, appraisal, and/or mediation, and to keep PUBLIC ADJUSTER fully informed of all matters relating to this LOSS. POLICYHOLDER acknowledges that PUBLIC ADJUSTER has made no guarantees regarding the disposition or results of any stage of the claims process, and all expressions made on behalf of PUBLIC ADJUSTER are the opinion of PUBLIC ADJUSTER based on information known at that time. This Agreement provides the complete and only agreement between POLICYHOLDER and PUBLIC ADJUSTER with respect to the above referenced LOSS, and supersedes all prior written and oral offers, proposals, and agreements. No modification, waiver, amendment, discharge, or change of this Agreement shall be valid unless the same is in writing. In the event a dispute between the parties arises and suit is filed, the venue of such suit shall be in the County in Florida where PUBLIC ADJUSTER's above address is located. The substantive law of the State of Florida shall govern this Agreement. Any failure by either party to comply with any provision of this Agreement may be waived, but only if such waiver is in writing and signed by the other party. Any failure to insist upon or enforce compliance with any provision of this Agreement shall not operate as a waiver of, or estoppel with respect to, any other or subsequent failure. Any notice required or permitted to be given under this Agreement shall be sufficient if in writing, and if hand delivered, sent by Federal Express or similar overnight carrier, or sent by registered or certified United States Mail, return receipt requested, to the addresses set forth in this Agreement, or to such other

address as a party may designate in accordance with this provision, unless specified otherwise for a particular provision in this Agreement. This Agreement shall not be construed more strictly against PUBLIC ADJUSTER simply because it was the party responsible for preparing this Agreement. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one in the same instrument. A copy of this Agreement transmitted by telefacsimile, email, and/or other electronic form shall be deemed an original.

8. NO LEGAL SERVICES PROVIDED: This Agreement is not for legal services and PUBLIC ADJUSTER cannot provide legal services. Any legal services must be provided by an attorney. POLICYHOLDER understands and agrees that POLICYHOLDER will need to enter into a separate written agreement with an attorney of his/her choice and make separate payment for such services provided for representation. PUBLIC ADJUSTER encourages POLICYHOLDER to seek appropriate legal services if necessary. Upon request, PUBLIC ADJUSTER may provide names of attorneys that other policyholders have retained and indicated provided satisfy services. If none of the attorneys named are satisfactory to POLICYHOLDER, PUBLIC ADJUSTER may be able to provide additional names. POLICYHOLDER should always seek legal representation from the attorney of his/her choice.

9. STATEMENT OF CLAIM: POLICYHOLDER understands and acknowledges that pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.803, or s. 775.084, Florida Statutes. POLICYHOLDER shall confirm the accuracy and completeness of any and all information and documentation provided to PUBLIC ADJUSTER and any and all forms or other documents signed and/or provided to the insurance company for purposes of adjusting through the preparation and submission of a claim for loss, damage, and recovery under any insurance policy.

10. SEVERABILITY: Unenforceability or invalidity of one or more clauses in this Agreement shall not have an effect on any other clause in this Agreement. If it is possible, any unenforceable or invalid clause in this Agreement shall be modified to show the original intentions of the parties.

11. ATTACHMENTS: There are are not (initial one) attachments to this Agreement.

POLICYHOLDER is signing this Agreement on POLICYHOLDER's own behalf and in any representative capacity appropriate to the circumstances. By executing below, POLICYHOLDER specifically agrees to be bound by this Agreement, including the provisions set out above and on the back of this Agreement, which are incorporated herein for all purposes. POLICYHOLDER hereby acknowledges receipt of a copy of this Agreement and that the Adjuster that solicited this Agreement has signed below.

Date: _____

By: _____
Signature of POLICYHOLDER

Print Name of POLICYHOLDER

Date: _____

By: _____
Signature of POLICYHOLDER

Print Name of POLICYHOLDER

Date: _____

By: _____
Signature of ADJUSTER

Print Name of ADJUSTER