

# Public Adjuster Contract

**Prime Public Adjusting, LLC**  
**Public Insurance Adjuster:** Jeff Kendall  
**Address:** 5917 S Odessa Circle, Centennial, CO 80015

**License No:** W158327  
**Telephone:** (850) 359-6313  
**Email:** info@primepublicadjusting.com

POLICYHOLDER				
Full Name(s):			Email:	
Address:	City:	County:	State:	Zip:
Phone ( )			Cell ( )	
LOSS				
Loss Address:		City:	County:	State: Zip:
Date of Loss:	Description of Loss:	Supplement:	Did Loss Occur During A State Of Emergency? ___ Yes ___ No	
Insurance Company #1	Policy Number:		Claim Number:	
Insurance Company #2	Policy Number:		Claim Number:	

## Public Insurance Adjuster We represent the Insured

\_\_\_\_\_ (hereinafter "Insured") retains Prime Public Adjusting, LLC to advise and assist in the measurement and documentation of the Insured's loss, and to present Insured's claim to the insurance company(ies) for loss and damages from the danger / peril of \_\_\_\_\_ occurring on or about \_\_\_\_\_ that was sustained by Insured's property located at the address above.

Insured agrees to pay and assign to Prime Public Adjusting, LLC for services rendered on behalf of insured 10% \_\_\_\_\_ (Insured's Initials) of the amount paid by the insurance company(ies) after the date of this contract, plus such necessary expenses as approved by the insured.

Insured hereby instructs and authorizes Insurance Carrier to include the name of Prime Public Adjusting, LLC on any and all claim payments as of the date of this contract. In addition, the Insured hereby directs and authorizes Insurance Carrier to direct all communication and correspondence to Prime Public Adjusting, LLC at the street and email address listed above.

**Effective date of this contract:** \_\_\_\_\_. You may cancel this contract at any time within 72 hours of the contract being signed. See the notice of cancellation form for an explanation of this right.

### Disclosure

Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive an 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 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. 775.083, or s. 775.084, Florida Statutes.

\_\_\_\_\_  
Signature of Insured (1)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured (2)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Public Adjuster

Date \_\_\_\_\_

### Notice of Cancellation

**Date of Contract:** \_\_\_\_\_

You may cancel this contract within 5 days from the above date without any penalty or obligation to pay your public insurance adjuster, other than for reimbursement of moneys paid by your public insurance adjuster for out-of-pocket emergency expenses for you on your behalf. If your public insurance adjuster seeks reimbursement from you for out-of-pocket emergency expenses, your public insurance adjuster shall provide you with an itemized statement of those emergency expenses advanced to you on your behalf if the cancellation is made within the first 5 days after the contract was initiated. Nothing in this contract permits your public insurance adjuster to recover any costs, except for those out-of-pocket expenses advanced to you.

If you cancel, any money or other consideration paid by you will be returned within 5 business days following the receipt of your cancellation notice, and any security interest arising out of the transaction will be cancelled.

To cancel this contract, mail or deliver by certified mail, return receipt requested, or other form of mailing which provides proof of mailing, a signed and dated copy of this cancellation notice, or any other written notice to:

Prime Public Adjusting, LLC at 5917 S Odessa Cir, Centennial, CO 80015 not later than  
\_\_\_\_\_ on \_\_\_\_\_

I hereby cancel this contract \_\_\_\_\_ Date \_\_\_\_\_