

Public Insurance Adjuster Contract

Public Insurance Adjuster Name: _____ License number: _____

Address: _____ Telephone Number: (____) _____
Street City State Zip code

Public Insurance Adjuster We represent the Insured only

_____ (hereinafter "**Insured**") retains _____
Name of Public Insurance Adjuster

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 Insurer is _____ with the policy no. of _____.

Insured agrees to pay and assigns to _____ for services rendered on behalf of
Name of Public Insurance Adjuster

Insured _____% _____ of the amount paid by the insurance company (ies), plus such necessary expenses as approved by insured.
Insured's Initials

As a public insurance adjuster, I am required by the California Insurance Code to post a surety bond in the sum of \$20,000 to cover certain kinds of claims made by you, the insured. If you have any questions concerning the surety bond, you may contact the California Department of Insurance, Producer Licensing Bureau's Adjuster unit at (916) 492-3085 or www.insurance.ca.gov.

Effective date of this contract: _____. You may cancel this contract at any time before midnight of the third business day after the date of this contract. See the notice of cancellation form at the end of this contract for an explanation of this right.

▶ _____
Signature of Insured

▶ _____
Signature of Public Insurance Adjuster

Notice of Cancellation

Date of Contract: _____

You may cancel this contract within three business 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 or 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 or on your behalf if the cancellation is made within the first three business 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 five business days following the receipt of your cancellation notice, and any security interest arising out of the transaction will be canceled.

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, or send a telegram to:

_____ at _____ not later than
Name of Public Insurance Adjuster (Address, City, State, Zip code)

midnight of _____
Date

I hereby cancel this contract _____
Client's Signature Date