

**Public Insurance Adjuster Contract**

Public Insurance Adjuster Name: \_\_\_\_\_ License number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Street City State Zip Code

Email address: \_\_\_\_\_

**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 received from the insurer by the insured for services  
Insured's Initials

rendered to the insured by the public insurance adjuster, plus necessary expenses as approved by the  
insured. **A public adjuster's fee, commission, or other valuable consideration shall not cause the  
insured to receive less than any amount paid to the insured by the insurer prior to the date of the  
written contract between the insured and the public adjuster.**

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 ~~Hotline~~ ~~Bureau's Adjuster unit~~ at **(916) 492-3085 (800) 967-  
9331** or [www.insurance.ca.gov](http://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 you sign and are provided with a copy~~ 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 that you signed the contract and you were provided with a copy of that signed contract, except that, as it pertains to a disaster as defined in Section 15001, your right to cancel is five calendar days 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~~ signed by you and you were provided a copy of the signed contract. 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 \_\_\_\_\_  
Name of Public Insurance Adjuster (Address - Street, City, State, Zip Code)

not later than midnight of \_\_\_\_\_.  
(Date)

I hereby cancel this contract \_\_\_\_\_  
Client's Signature Date