



2040 McKinley St #4
Hollywood, FL 33020
Phone: 954-524-8888
Fax: 954-212-0101

Agreement for Services

I/We [REDACTED] (Insured), hereby retain Recovery Loss Adjusters, Inc ("Recovery Loss") to be my agent and representative, under the insurance contract, to estimate, advise and assist in the adjustment of the subject loss. The Insured hereby agrees to provide accurate information at all times to the Recovery Loss, in connection with the investigation of the loss, and not withhold any pertinent information from Recovery Loss necessary for your claim representation.

Date of Loss: [REDACTED] Cause of Damage: [REDACTED]
Address, City, State, Zip: [REDACTED]
Insurance Company: [REDACTED] Policy No: [REDACTED]

Category (Check All That Apply):
 Original Loss/ Non Emergency
 Emergency Loss
 Supplemental
 Hurricane Loss

In addition, FL Statute 626.854 reads: if a public adjuster enters into a contract with an insured or claimant to reopen a claim or to file a supplemental claim that seeks additional payments for a claim that has been previously paid in part or in full or settled by the insurer, the public adjuster may not charge, agree to, or accept any compensation, payment, commission, fee, or other thing of value based on a previous settlement or previous claim payments by the insurer for the same cause of loss. The charge, compensation, payment, commission, fee, or other thing of value may be based only on the claim payments or settlement obtained through the work of the public adjuster after entering into the contract with the insured or claimant. A public adjuster may not charge, agree to, or accept any compensation, payment, commission, fee, or other thing of value in excess of: Twenty percent of the amount of all other insurance claim payments.

In Consideration thereof, the undersigned hereby irrevocably assign(s) to Recovery Loss [REDACTED] % of the actual loss damage recovered by adjustment or otherwise, from insured's Insurance Company. In the event there is no recovery, the Insured is not required to pay Recovery Loss a fee or reimburse the company of any cost incurred.

In the event the Insured discharges Recovery Loss, and subsequently the loss is paid or settled, the Insured agrees to pay Recovery Loss the reasonable value for its services rendered in the adjustment of the loss prior to discharge, within forty-eight (48) hours of receipt of insurance/settlement proceeds. The Insured has a seventy-two (72) hours rescission period for a non-emergency loss and 5 days for an emergency declared by governor to cancel this contract by certified Mail, Fax, E-Mail, or deliver in person a signed and dated copy of this notice or other written notice.

ASSIGNMENT OF INSURANCE BENEFITS

I, hereby, assign any and all insurance rights, benefits, proceeds and any causes of action under any applicable insurance policies to Recovery Loss, for services rendered or to be rendered by Recovery Loss. In this regard, I waive my privacy rights. I make this assignment in consideration of Recovery Loss' agreement to perform services and otherwise perform its obligations under this contract, including not requiring full payment at the time of service. I also hereby direct my insurance carrier(s) to release any and all information requested by Recovery Loss, its representative, and/or its Attorney for the direct purpose of obtaining actual benefits to be paid by my insurance carrier(s) for services rendered or to be rendered. I believe the appropriate insurance carrier to be [REDACTED]

As you are Aware, Florida Statute 626.8796 states that:
All contracts for public adjuster services must be in writing and must prominently display the following statement on the contract: "Pursuant to s. 817.734, 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. 775.083, or s. 775.084, Florida Statutes."

X [REDACTED] Insured's Signature or Authorized Agent by Power of Attorney
[REDACTED] Additional Insured's Signature
X [REDACTED] Adjuster's Signature
[REDACTED] License Number
[REDACTED] Date
[REDACTED] Print Name Additional Insured
[REDACTED] Date