

Print Date: September 5, 2012

ASSIGNMENT SUMMARY REPORT

Assignment # 124209-12-AG

Subject/Case Name: **EMERGENCY SERVICES 24, INC.**

Attorney Information

Attorney Name	Assignment Code	Date Assigned	Date Closed
Tod Stupski	Inv.file-review/initiate act	03/14/2012	9/5/2012

Assignment Information

Law Type	Agents
Case Type	Adjusting
Major Violation	Unlicensed transaction
Assignment Type	Inv.file-review/initiate act
Source	Agent & Agency Investigation
Source Contact	Jose Flores
Source #	CS21776/CA35960
Assignor	Laura Anstead
Case Number	124209-12-AG

Summary:

Unlicensed agency allegedly attempting to adjust a loss for a consumer with the proper license and appointment.

Assignment Comment:

Agent/Company/Fire Marshal Information

Legal Action Initiated	Consent Order Preparation
Final Order:	Consent Order
Disposition Type	Cease & Desist from Violations
Date of Birth:	
ID:	N/A
SSN/FEIN:	80-0238192
City, State:	Orlando FL
License:	none

Successfully Prosecuted
 Unsuccessful Prosecution
 N/A

Assignment # 124209-12-AG

Subject/Case Name: **EMERGENCY SERVICES 24, INC.**

Disposition Information

Disposition Date: 9/5/2012

Consumer Value:

Effective Date: 9/5/2012

A&A Ref #:

CS21776/CA35960

Discipline Months:

Fine:

Costs:

Suspension:

Amount:

Amount:

Probation:

Due:

Due:

Paid:

Paid:

Restitution:

Amount:

Due:

Paid:

Comment:

Consent Order issued, Respondent shall cease and desist from violations. Case Closed.

Documents

09/05/2012

124209-12-AG - EMERGENCY SERVICES 24, INC. -

Date Range: All

#	Date Sent	Re / From	To
1	03/14/2012	Assignment Summary Report -- Agent Anstead, Laura	
2	03/19/2012	Assignment Summary Report -- Agent Anstead, Laura	
3	07/17/2012	C&S CO - fine/prob/susp/rev from A&A** Stupski, Tod	
4	07/17/2012	signed Settlement Stipulation for Consent Order	
5	09/05/2012	FILED Consent Order	
6	09/05/2012	signed RIRS form	
7	09/05/2012	Envelope DFS Stupski, Tod	Bass, M.D.
8	09/05/2012	Assignment Summary Report -- Agent Anstead, Laura	

FINAL ORDER INDEX FORM

INDEX NO.: DFS-12-

DOAH NO.: N/A

ATTORNEY: Tod Stupski *JS*

STYLE: EMERGENCY SERVICES 24, INC.

TYPE: CONSENT ORDER

DATE FILED: *9/5/12*

CASE NO.: 124209-12-AG

DIVISION: AA

SUBJECT: AGENT REGULATION

STATUTE: 626.854

NOTICE OF REGULATORY ACTIVITY (FORM 75)

For submission of regulatory actions reported to the NAIC.

ENTITY INFORMATION

Entity name, address and a numeric identifier (CoCode, AA/FEIN, SSN, Entity Number or National Producer Number) are required.

Entity Name: **EMERGENCY SERVICES 24, INC.,** State ID: _____
 (for Individual Name key in Last Name, First Name, Middle Name and Suffix if available)

NAIC Entity No: _____ NAIC CoCode: _____ AA/FEIN: **80-0238192**
 Entity Type Code: F I Entity Function: D _____ S _____
 R N Code: ADJ _____ O _____ S _____
 (select one) M D (listed on back) _____ B _____ N _____

Addr: **6703 Mott Ave** Line 2 Addr: _____ Line 3 Addr: _____
 City: **Orlando** State: **FL** Zip: **32810** Phone: () - _____

ACTION INFORMATION

ORIGIN OF ACTION

Check at least one item in the section below – maximum 4

- | | | |
|--|---|---|
| <input type="checkbox"/> (1005) Complaint Investigation
<input checked="" type="checkbox"/> (1007) Field Investigation
<input type="checkbox"/> (1008) Public Inquiry
<input type="checkbox"/> (1010) Routine Dept. Action
<input type="checkbox"/> (1015) Other States Action
<input type="checkbox"/> (1018) Information/Referral from Another state Agency | <input type="checkbox"/> (1020) Insurer Report
<input type="checkbox"/> (1023) Statistical Filing
<input type="checkbox"/> (1025) Legal
<input type="checkbox"/> (1030) Market Conduct Exam
<input type="checkbox"/> (1035) Financial Exam
<input type="checkbox"/> (1040) Workers Comp Exam | <input type="checkbox"/> (1045) Combined Exam
<input type="checkbox"/> (1050) Bankruptcy Notices
<input type="checkbox"/> (1055) Third Party Information
<input type="checkbox"/> (1060) Licensing Administration
<input type="checkbox"/> (1063) Background Check
<input type="checkbox"/> (1065) Other (enter up to 50 char) |
|--|---|---|

* if checked you must enter description.

REASON FOR ACTION

Check at least one item in the section below – maximum 20

- | | | |
|---|--|---|
| <input type="checkbox"/> (2005) Underwriting
<input type="checkbox"/> (2010) Marketing & Sales
<input type="checkbox"/> (2012) Life Insurance Replacement Violation
<input type="checkbox"/> (2014) Misrepresentation of Insurance Product/Policy
<input type="checkbox"/> (2015) Claim Handling
<input type="checkbox"/> (2020) Policyholder Service
<input type="checkbox"/> (2025) Advertising
<input type="checkbox"/> (2026) Premium Finance Act Violation
<input type="checkbox"/> (2027) Surplus Lines Violation
<input type="checkbox"/> (2028) TPA Violation
<input type="checkbox"/> (2029) Unfair Insurance Practices Act Violation
<input type="checkbox"/> (2030) Failure to meet Continuing Education Requirements
<input type="checkbox"/> (2032) Continuing Education Requirements Met
<input type="checkbox"/> (2035) Failure to Respond
<input type="checkbox"/> (2036) Late or Incomplete Response
<input type="checkbox"/> (2037) Failure to Notify Department of Address Change
<input type="checkbox"/> (2038) Failure to Comply with Previous Order
<input type="checkbox"/> (2039) Failure to Maintain Books & Records | <input type="checkbox"/> (2040) Failure to Timely File
<input type="checkbox"/> (2042) Failure to Pay Child Support
<input type="checkbox"/> (2045) Rebating
<input type="checkbox"/> (2050) Rate Violation
<input type="checkbox"/> (2053) Use of Unapproved Forms
<input checked="" type="checkbox"/> (2055) No License
<input type="checkbox"/> (2056) Demonstrated Lack of Fitness or Trustworthiness
<input type="checkbox"/> (2058) Misstatement on Application
<input type="checkbox"/> (2059) Failure to Make Required Disclosure on application
<input type="checkbox"/> (2060) Not Appointed
<input type="checkbox"/> (2061) Selling for Unlicensed Insurer
<input type="checkbox"/> (2062) Allowed Business from Agent Not Appointed/Licensed
<input type="checkbox"/> (2063) Employed Unlicensed Individuals
<input type="checkbox"/> (2064) Paid Commissions to Unappointed Agents
<input type="checkbox"/> (2065) Notice of Financial Impairment from another state
<input type="checkbox"/> (2070) Financial Impairment
<input type="checkbox"/> (2072) Cure of Financial Impairment
<input type="checkbox"/> (2074) Other States Action | <input type="checkbox"/> (2075) Failure to report other state action
<input type="checkbox"/> (2080) Dissolution
<input type="checkbox"/> (2085) Failure to pay tax
<input type="checkbox"/> (2090) Failure to pay fine
<input type="checkbox"/> (2095) Failure to pay assessment
<input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement
<input type="checkbox"/> (2100) No Certificate of Authority
<input type="checkbox"/> (2101) Certification Violation
<input type="checkbox"/> (2102) Unauthorized Insurance Business
<input type="checkbox"/> (2103) Fiduciary Violation
<input type="checkbox"/> (2104) Failure to Remit Premiums to insurer
<input type="checkbox"/> (2105) Misappropriation of Premium
<input type="checkbox"/> (2106) Forgery
<input type="checkbox"/> (2107) Criminal Record/History
<input type="checkbox"/> (2108) Criminal Proceedings
<input type="checkbox"/> (2110) Reconsideration
<input checked="" type="checkbox"/> (2115) Other (enter up to 50 char) Acted as public adjuster without license. |
|---|--|---|

* if checked you must enter description.

DISPOSITION

Check at least one item in the section below - maximum 4

- | | | |
|--|---|--|
| <input type="checkbox"/> (3001) License, Denied
<input type="checkbox"/> (3003) License, Suspended
<input type="checkbox"/> (3004) License, Cancelled
<input type="checkbox"/> (3006) License, Revoked
<input type="checkbox"/> (3009) License, Probation
<input type="checkbox"/> (3010) License, Conditional
<input type="checkbox"/> (3011) License, Supervision
<input type="checkbox"/> (3012) License, Reinstatement
<input type="checkbox"/> (3013) License, Granted
<input type="checkbox"/> (3014) License, Surrendered
<input type="checkbox"/> (3015) License, Voluntarily Surrendered
<input type="checkbox"/> (3016) License, Other (50 Char)
<input type="checkbox"/> (3021) Certificate of Authority, Denied
<input type="checkbox"/> (3023) Certificate of Authority, Suspended
<input type="checkbox"/> (3025) Certificate of Authority, Suspension Extended
<input type="checkbox"/> (3026) Certificate of Authority, Revoked | <input type="checkbox"/> (3028) Certificate of Authority, Expired
<input type="checkbox"/> (3029) Certificate of Authority, Probation
<input type="checkbox"/> (3031) Certificate of Authority, Reinstated
<input type="checkbox"/> (3034) Certificate of Authority, Surrendered
<input type="checkbox"/> (3036) Certificate of Authority, Other
<input checked="" type="checkbox"/> (3042) Cease and Desist from Violations
<input type="checkbox"/> (3043) Cease and Desist from all Insurance Activity
<input checked="" type="checkbox"/> (3045) Consent Order
<input type="checkbox"/> (3046) Stipulated Agreement/Order
<input type="checkbox"/> (3047) Previous Order Vacated
<input type="checkbox"/> (3048) Ordered to provide requested information
<input type="checkbox"/> (3050) Temporary Restraining Order
<input type="checkbox"/> (3055) Reprimand
<input type="checkbox"/> (3060) Hearing Waiver | <input type="checkbox"/> (3065) Show Cause
<input type="checkbox"/> (3070) Re-exam
<input type="checkbox"/> (3075) Rescission of
<input type="checkbox"/> (3076) Involuntary Forfeiture
<input type="checkbox"/> (3078) Restitution
<input type="checkbox"/> (3079) Suspended from writing new business; renewals ok
<input type="checkbox"/> (3080) Supervision
<input type="checkbox"/> (3085) Rehabilitation
<input type="checkbox"/> (3090) Liquidation
<input type="checkbox"/> (3095) Conservatorship
<input type="checkbox"/> (3100) Receivership
<input type="checkbox"/> (3101) Ancillary Receivership
<input type="checkbox"/> (3102) Monetary Penalty
<input type="checkbox"/> (3103) Aggregate Monetary Penalty
<input type="checkbox"/> (3104) Settlement
<input checked="" type="checkbox"/> (3105) Other (you must enter up to 50 char) Must not act as public adjuster. |
|--|---|--|

Complete as needed

Time or Length of Order: _____ (If DAYS, enter number of days) Penalty/Fine/Forfeiture \$ _____
 * Length of time required for Suspensions, Probations and Supervisions. Enter amount in whole dollars only. Do not use punctuation.

Required, please complete

Action Date: 9/5/12 Effective Date: 9/5/12 File Reference # 124209-12-AG

Atty: Tod Stupski
 Required, Please complete.

CONTACT INFORMATION

Action State FL Contact Name: Last Jackson First: Debra MI: _____
 Phone: (850) 413 - 4248 e-mail address: debra.jackson@fldfs.com


Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108
 Or
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: mktdata@naic.org (Re: RIRS)


ENTITY FUNCTION CODES

Code	Description	Code	Description	Code	Description
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AIR	Alien Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COO	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Premium Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domiciled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President
JUA	Joint Underwriting Assoc.	RPG	Risk Purchasing Group		

INTER-OFFICE MEMORANDUM

TO: Gregory Thomas
Division Director, Agent & Agency Services

THRU: Ellen Simon, Chief Counsel, Division of Legal Services 

FROM: Laura Anstead, Managing Attorney, Division of Legal Services 

DATE: August 20, 2012

SUBJECT: Emergency Services 24, Inc.
Consent Order
Case No.: 124209-12-AG


Attached hereto for your approval and signature you will find a Consent Order to be issued in the above-referenced matter.

Emergency Services 24, Inc. ("Respondent"), of Orlando, FL, is not currently licensed in this state.

The Bureau of Investigation conducted an investigation of Respondent and alleged that Respondent was acting as a public adjuster without a license. Respondent has no prior administrative history with Department.

On June 16, 2012, the Department entered into a Settlement Stipulation for Consent Order with Respondent. The Settlement Stipulation for Consent Order provides, Emergency Services 24, Inc., shall cease and desist from advertising themselves as a public adjuster, acting or otherwise holding themselves out as being a public adjuster, or offering to represent insurance clients as public adjusters.

This Consent Order adopts the Settlement Stipulation for Consent Order.

 QTS: hl

Attachment

Print Date: March 19, 2012

ASSIGNMENT SUMMARY REPORT

Assignment # 124209-12-

Subject/Case Name: **EMERGENCY SERVICES 24, INC.**

Attorney Information

Attorney Name	Assignment Code	Date Assigned	Date Closed
Tod Stupski	Inv.file-review/initiate act	03/14/2012	

Assignment Information

Law Type	Agents
Case Type	Adjusting
Major Violation	Unlicensed transaction
Assignment Type	Inv.file-review/initiate act
Source	Agent & Agency Investigation
Source Contact	Jose Flores
Source #	CS21776/CA35960
Assignor	Laura Anstead
Case Number	124209-12-

Summary:

Unlicensed agency allegedly attempting to adjust a loss for a consumer with the proper license and appointment.

Assignment Comment:

Agent/Company/Fire Marshal Information

Legal Action Initiated	
Final Order:	
Disposition Type	
Date of Birth:	
ID:	N/A
SSN/FEIN:	80-0238192
City, State:	
License:	none

_____ Successfully Prosecuted
_____ Unsuccessful Prosecution
_____ N/A



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

May 18, 2012

Jeffrey Bass
mbass@waterdamage24.com
President Emergency Services 24, Inc.
5317 Curry Ford Road
Orlando, Florida 32812

RE: Case No. 124209-12-AG; DFS v. Emergency Services 24, Inc.

Dear Mr. Bass,

Attached you will find a Settlement Stipulation for Consent Order ("Stipulation"). The Stipulation is designed to avoid litigation in this matter, and the time and expense associated therewith.

While the Stipulation prohibits much conduct, it does not prohibit Emergency Services 24, Inc. or their employees from: 1) providing an estimate of repair to the insurer; 2) being present when the company adjuster or independent adjuster inspects the damage repaired or contracted for repair by Emergency Services 24 Inc. 3) answering specific questions posed by the company adjuster or independent adjuster regarding the damage or estimate of repair, provided the answers do not constitute engaging in claims handling or negotiating for or effecting the settlement of a claim or claims for loss or damage covered by an insurance contract.

If the Stipulation is acceptable, please return the signed Stipulation to my office by June 1, 2012. Do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Tod Stupski".

Tod Stupski



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

IN THE MATTER OF:

DFS Case No.: 124209-12-AG

EMERGENCY SERVICES 24, INC.

SETTLEMENT STIPULATION FOR CONSENT ORDER

IT IS AGREED and STIPULATED by and between EMERGENCY SERVICES 24, INC. and their employees ("Respondent"), and the Department of Financial Services ("Department"), that:

1. Respondent is not licensed as a public adjuster, and does not hold any other licenses issued under or pursuant to the Florida Insurance Code. At all times relevant to the dates and occurrences referred to herein, Respondent did not hold a public adjuster license, or any other licenses issued under or pursuant to the Florida Insurance Code.

2. Pursuant to Chapter 626, Florida Statutes, the Department has jurisdiction over the subject matter of this proceeding.

3. On January 5, 2012, the Department initiated an investigation of the Respondent to determine whether the Respondent was acting as a public adjuster without a license. In order to avoid formal litigation of this matter, Respondent has determined that it is in his best interests to enter into this Settlement Stipulation for Consent Order.

4. Respondent voluntarily waives the right to a hearing in this matter and voluntarily enters into this Settlement Stipulation for Consent Order.

5. By entering into this Settlement Stipulation for Consent Order, the filing of a Consent Order in this case, and satisfying the administrative sanctions set forth therein, Respondent and the Department intend to and do resolve all issues pertaining to this administrative matter as outlined in paragraph three (3) above.

6. No party will appeal this Settlement Stipulation for Consent Order or the Consent Order to be issued in this case, and the parties specifically waive notice of the right to appeal as required by Section 120.569(1), Florida Statutes.

7. This document, and the resulting Consent Order, are public records and contain information that is routinely published and disclosed by the Department.

8. Each party to this proceeding shall bear its own costs and attorney's fees.

9. This Settlement Stipulation for Consent Order is subject to the approval of the Chief Financial Officer or his designee. Upon his or his designee's approval, and without further notice, the Chief Financial Officer or his designee may issue a Consent Order providing for the following:

(a) Incorporation by reference of all of the terms and conditions of this Settlement Stipulation for Consent Order.

(b) Respondent shall CEASE AND DESIST from:

(1) Advertising themselves as a public adjuster.

(2) Holding themselves out as a public adjuster.

(3) Acting as a public adjuster.

(4) Preparing, completing, or filing an insurance claim form or forms for an insured or third-party claimant.

- (5) Negotiating for or effecting the settlement of a claim or claims for loss or damage covered by an insurance contract.
- (6) Engaging in claims handling.
- (7) Entering into an agreement, or contract, proposal, or similar document, with clients that grant the Respondents authority over the client's insurance claim or insurance-related matters.
- (8) Using the following, or similar phrases on websites and advertisements: "We represent you, the consumer, and handle the insurance claims and adjusters on your behalf."
- (9) Routinely requesting from the insurer a copy of the insured's policy, declaration page stating policy limits, and a statement of policy or coverage defense available to the insurer.

10. If the Department discovers that Respondent, subsequent to the entry of the Consent Order in this case, has engaged in any of the prohibited acts specified in paragraphs 9(b)(1) through 9(b)(9) of this Settlement Stipulation for Consent Order, Respondent acknowledge that such conduct would represent a violation of this Settlement Stipulation for Consent Order and the Consent Order to be issued in this case, including the cease and desist provisions contained herein, and that Respondent would be subject to the provisions of Section 626.9601, including the imposition of a fine in the amount of up to \$50,000.

11. Respondent certifies that the address following his signature below is a valid address at which Respondent will receive the Consent Order when mailed to that address.

12. The Respondent agrees that the Consent Order herein may be sent to the Respondent via the e-mail address below the Respondent's signature and that Respondent will not receive a hard copy in the mail.

Emergency Services 24, Inc. Date
A Florida For Profit Corporation
By: Jeffrey Bass
ITS: President
mbass@waterdamage24.com
President Emergency Services 24, Inc.
5317 Curry Ford Road
Orlando, Florida 32812

Tod Stupski Date
Senior Attorney
Division of Legal Services
200 East Gaines Street
Larson Building, Suite 624
Tallahassee, Florida 32399-0333

Attorney for the Department

Stupski, Tod

From: Lanier, Barry
Sent: Friday, May 11, 2012 7:30 PM
To: Stupski, Tod
Cc: Fountain, Phil; Anstead, Laura
Subject: FW: 124209-12- EMERGENCY SERVICES 24, INC.:
Attachments: settlementmemo.doc

Tod,

I have discussed your settlement proposal with Phil and we are acceptable to the terms proposed. It is important that they understand how broad the definition of "public adjusting" is and how easy they can cross that line. I believe in some of the past settlement stips with roofers for acting as public adjusters we have had some good C&D language. If you want to add \$500 - \$1,000 for costs we would be OK with that but not if it is a deal breaker. The assigned investigator will conduct a follow up to make sure they have made the necessary changes.

Thank you, Tod for working with us on this file.

Barry

From: Stupski, Tod
Sent: Monday, April 30, 2012 2:34 PM
To: Fountain, Phil
Subject: 124209-12- EMERGENCY SERVICES 24, INC.:

Please find attached a settlement memo in reference to Emergency Services. Thanks

Tod Stupski
Assistant General Counsel
Florida Department of Financial Services
Division of Legal Services
200 E. Gaines Street
J. Edwin Larson Bldg.
Tallahassee, FL 32399-0333

850.413.4165

Tod.Stupski@myfloridacfo.com

MEMORANDUM

TO: Phil Fountain
FROM: Tod Stupski
DATE: April 27, 2012
RE: Emergency Services 24, Inc.
Case # CS21776
ASSIGNMENT # 124209-12-AG

CONFIDENTIAL AND PRIVILEGED
ATTORNEY/CLIENT COMMUNICATION AND ATTORNEY WORK PRODUCT

Allegations

It is alleged that Emergency Services 24, Inc. ("Emergency") is operating as a public adjuster.

Applicable Law

Since Emergency as a public adjuster firm is not required to obtain a firm adjusting license in the normal course of business, the Department remedies for the alleged violations are limited to a cease and desist order or fines.

Investigation

The Department received a complaint from Insurance Network Services that Emergency was attempting to settle a claim on behalf of an insured with St. John's Insurance Company. Emergency is a restoration company that was retained by the insured to repair damage from a water leak. Under the terms of the contract, the insured assigned several rights to the restoration company including, but not limited to the right to bill for services, to be named on the claim check, and to be paid directly by the insurance company, and assignment as attorney of fact to endorse claim checks on behalf of the insured. Prior to performing the restoration work, Emergency sent a letter to St. John's advising the date restoration work would commence and advising St. John's that an invoice would be sent after finishing restoration. In addition to the notification of restoration work, Emergency requested a copy of the policy, declaration page, a statement of any policy defense, and name of claim representative. The letter requesting policy information from the insurer was executed by "Emergency" and was not individually signed on behalf of Emergency by an employee or officer.

Investigator Flores met with Emergency and discussed this matter with a regional manager. Emergency denied operating as a public adjuster, stated that they infrequently refer matters to public adjusters and only request copies of documents if the claim is disputed. The investigator provided a print out of an Emergency website which includes a statement that "We represent you, the consumer, and handle the insurance claims and adjusters on your behalf."

Legal Analysis

The provisions of section 626.854, Florida Statutes define "public adjuster" as the following:

A "public adjuster" is any person, except a duly licensed attorney at law as exempted under s. 626.860, who, for money, commission, or any other thing of value, prepares, completes, or files an insurance claim form for an insured or third-party claimant or who, for money, commission, or any other thing of value, acts on behalf of, or aids an insured or third-party claimant in negotiating for or effecting the settlement of a claim or claims for loss or damage covered by an insurance contract or **who advertises for employment as an adjuster of such claims**. The term also includes any person who, for money, commission, or any other thing of value, solicits, investigates, or adjusts such claims on behalf of a public adjuster.

(Emphasis Added)

The strength of this case is the advertisement on the internet that offers the services of Emergency to adjust claims. Since the statutory advertisement prohibition is not linked to receipt of business or obtainment of value, we should be able to prevail on an administrative complaint alleging a violation for advertising for adjusting services without a license since a primary adjuster was not designated.

Since only natural persons are authorized to obtain public adjuster licenses pursuant to section 626.865, Florida Statutes, Emergency is in violation of the code and would not be able to obtain a license to correct the violation.

It will be more difficult establishing a violation with regards to Emergency seeking payment for the water restoration services from St. John's insurance company. To establish a violation, we will have to prove that Emergency received ". . . money, commission or any other thing of value . . ."section 626.854, Florida Statutes. As you know, the Department historically has not considered that a vendor seeking payment from an insurer for services require licensure as a public adjuster absent active negotiation activities. Although a narrow interpretation of the definition of public adjuster arguably prohibits such activity, i.e. "any other thing of value" triggering licensure is the reimbursement for services or the profit margin built in to the pricing for services, you can anticipate Although the Emergency Services 24 contract has assignment provisions, there is no explicit provision for negotiation authorization.

Although Emergency requested copies of the homeowner policy and requested a statement of policy coverage or defenses, the file does not indicate any active negotiation by Emergency. However, based on this one file, it is likely Emergency requests policy and other related documents routinely despite the statements provided to the investigator that these documents are only requested for disputed claim files.

Cost Estimate

We estimate a one day trial for cost in this matter. If we restrict our count to the advertising violation it is likely that an informal hearing will result with an estimated cost of

\$500. Additional counts may result in a dispute of material facts resulting in a more expensive DOAH hearing with a cost estimate of \$9,900.

Recommendation

We recommend authority to settle for a consent order that requires Emergency to revise the web advertising and make modifications in business practices and claim processing that eliminates concern that Emergency is public adjusting.

The violations in this matter are less egregious than those in a similar matter regarding Dempsey Partners that were resolved through a settlement stipulation that did not impose a fine and required modifications to the Dempsey website. In Dempsey, the website included offers to assist insureds for claims consulting activities, managing claims, and recovering cash value of damaged property and keeping your claim on track among other services performed by Dempsey.

Print Date: March 19, 2012

ASSIGNMENT SUMMARY REPORT


Assignment # 124209-12-

Subject/Case Name: **EMERGENCY SERVICES 24, INC.**

Attorney Information

Attorney Name	Assignment Code	Date Assigned	Date Closed
Tod Stupski	Inv.file-review/initiate act	03/14/2012	

Assignment Information

Law Type	Agents
Case Type	Adjusting
Major Violation	Unlicensed transaction
Assignment Type	Inv.file-review/initiate act
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Source Contact	Jose Flores
Source #	CS21776/CA35960
Assignor	Laura Anstead 
Case Number	124209-12-

Summary:

Unlicensed agency allegedly attempting to adjust a loss for a consumer with the proper license and appointment.

Assignment Comment:

Agent/Company/Fire Marshal Information

Legal Action Initiated
Final Order:
Disposition Type
Date of Birth:
ID: N/A
SSN/FEIN: 80-0238192
City, State:
License: none

_____ Successfully Prosecuted
_____ Unsuccessful Prosecution
_____ N/A

**Legal Transmittal
Memorandum**

To: **Laura Anstead**
Legal

From: **Kathy Spencer (VOIP 15644)**
Bureau of Investigation

Investigative Summary Report

Investigative Case#: CS 21776 / CA 35960

CR:

Subject's Name:	Emergency Services 24 Inc, License # None
Mailing Address:	6703 Mott Avenue Orlando, FL 328104159

Investigator: Location: VOIP:	Jose Flores ~ Orlando ~ 74439
--	-------------------------------

The investigative Summary Report on the above referenced is attached.
Please advise if we may be of additional assistance in this matter.

KS/kkn Attachment cc: Control File Legal File Jose Flores ~ Orlando	Unlicensed Individual Other _____
---	--

Hand Delivered By: 

Received By: 

Date to Legal: 3/13/12

INVESTIGATIVE FILE REVIEW

DATE: 3/8/12

REVIEWING ANALYST: TC

Mgmt Approval: _____

SUBJECT NAME: Emergency Services 24 Inc, CS21776 / CA35960

(If Agency Include C/O) _____ EMAIL: MBASS@WATERDAMAGE24.COM

MAILING ADDRESS: **6703 Mott Avenue, Orlando, FL, 328104159**

LICENSE # **None** / Type/Date: **None**

ATTORNEY NAME: N/A

PRIOR ADMINISTRATIVE DISCIPLINARY ACTION DETAIL: ___ NONE

PRIOR CRIMINAL DISCIPLINARY ACTION DETAIL: ___ NONE

SUMMARY: Complaint was sent to the department by Insurance Network Services (INS). INS advises that Emergency Services 24 INC (ES24) is attempting to adjust a loss for a consumer. ES24 is a restoration company and is not licensed as a public adjuster in the state of Florida. When staff met with the manager, they were advised that they were not acting as a public adjuster and that they only ask for copies of policies and other documentation when the insurance company is disputing a claim or refusing payment. A sample contract was obtained and the verbiage reads like an adjusting contract. Moreover, the website states that they will "represent you, the consumer and handle insurance claims and adjusters on your behalf"

ALLEGATION: Acted as an public adjuster without the proper license and appointment.

NUMBER OF COMPLAINANTS 1

RESTITUTION REQUIRED: NO

Respondent shall make restitution to:

RESTITUTION DUE TO THE EFFORTS OF BOI? YES

IF YES INDICATE AMOUNT:

CASE TRACKING SHEET

CASE OPENING

CASE NUMBER: CS21776/CA35960 NAME: Emergency Services 24, Inc.
CROSS REFERENCE: _____ LICENSE NUMBER: none

SOCIAL SECURITY NUMBER: 80-0238192

DATE OF BIRTH: _____ AGE: _____ SEX: _____ ADDRESS: 6703 Mott Avenue
DATE OPENED: 09/08/11 COUNTY: Orange CITY: Orlando
REPORTED BY (SOURCE): Adjusting Firms STATE: FL ZIP CODE: 32810-4159
CHARGE/ALLEGATION(S): Unlicensed Activity QUALIFICATION(S): none

MARKET CODE(S): 0040 Homeowners Multi Peril
RESTITUTION / FUNDS RECOVERED: \$ N/A AGENCY LICENSE OR REGISTRATION #: none
INVESTIGATED BY: Jose A. Flores BUSINESS: Emergency Services 24, Inc.

CASE SUMMARY

FINDINGS / DATE / INVESTIGATOR

- INFORMATION ONLY _____
- CLOSED WITHOUT ACTION _____
- LETTER OF GUIDANCE _____
DATE OF LETTER _____
- PROBABLE CAUSE / LEGAL 02/23/12 *JAF*
- REFERRED TO: _____
- ServicePoint & DICE

ALERT STATUS

- REMOVE ALERT
- DO NOT REMOVE ALERT
- DO NOT ARCHIVE

FIELD ADMINISTRATOR APPROVAL

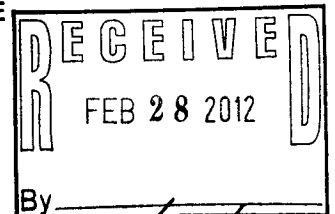
S. J. [Signature]

DATE OF APPROVAL

2/23/2012

CLOSING AUTHORITY - TALLAHASSEE

DATE OF CLOSING



ALIS MUST SEE NOTE: _____

INTRODUCTION

ALLEGED VIOLATION(S)

1. Florida Statutes 626.112 (1)(3)
2. Florida Statutes 626.851 (1)
3. Florida Statutes 626.8738

INVESTIGATION

PERTINENT INFORMATION

1. On August 8, 2011, Robert Clark of Insurance Network Services, Inc. filed a complaint with the Florida Department of Financial Services alleging that since July 18, 2011, Emergency Services 24, Inc., a restoration company, has been attempting to adjust a loss in behalf of a client and are not licensed as public adjusters. (Pages 6-7)
2. According to the Florida Department of State, Division of Corporations, Jeffrey Bass is the President, Richard Califano is the Secretary and Theresa Pofahl is the Treasurer or Trustee of Emergency Services 24, Inc. (Pages 1, 4)
3. According to department licensing records, the subject is not a Certified Instructor, School Official, or Provider.
4. On July 18, 2011, Emergency Services 24, Inc. sent a request to St. Johns Insurance Company requesting payment on the claim of their insured, Anthony Carter. (Pages 14-20)
5. On January 5, 2011, we met with Mike Bass, regional manager, and Traci Pofahl, office manager of Emergency Services 24, Inc., at their Orlando location. According to Mr. Bass they are not acting in any way as public adjusters. He stated that they only ask for copies of policies and other documentation in the very few cases where the insurance company is disputing a claim or refusing payment. Mr. Bass also told us that they do refer cases to public adjusters but no one in particular and they rotate the referrals. They provided samples of their authorization to perform services and contract. (Pages 44-48)

6. The second paragraph in the sample Authorization Form states the following: "I hereby assign ES-24, Inc. all right to recovery from the insurance company for the work done by ES-24, Inc. This includes the right to pursue any and all remedies available at law, and I agree to cooperate fully with ES-24, Inc. in the collection of the amount due. This assignment gives ES-24, inc., at its sole discretion, to pursue, in its own name, any remedies against my insurance company which I or ES-24, Inc., may have in regard to no-payment or underpayment of claims arising from the subject matter of this contract." (Page 45)
7. The second paragraph in the Contract of Services Form states the following: "...I hereby assign any and all insurance benefits and proceeds due under any applicable insurance policies to Emergency Services 24, Inc. for the work performed as a result of the abovementioned date of loss...I also hereby direct my insurance carrier(s) to release any and all information requested by Emergency Services 24, Inc., its representative, 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." (Page 47)
8. According to the "Commercial Business Page" located at www.waterdamage24.com/Commercial.html, the second paragraph reads: "Need assistance with Fire restoration? Emergency Services 24, Inc. is an industry leader in fire and smoke restoration. We represent you, the consumer, and handle the insurance claims and adjusters on your behalf." (Page 49)
9. According to the WHOIS domain registration database, the website www.waterdamage.com is registered to Emergency Insurance Restoration Services at 6703 Mott Avenue, Orlando, FL 32810. (Pages 51-52)

VICTIM/WITNESS TESTIMONY

None

SUBJECT'S COMMUNICATIONS

On January 5, 2011, Mike Bass, regional manager of Emergency Services 24, Inc., was notified of the on-going investigation during a visit to the offices of Emergency Services 24, Inc. located at 6703 Mott Avenue, Orlando, FL 32810. According to Mr. Bass they are not acting in any way as public adjusters. He stated that they only ask for copies of policies and other documentation in the very few cases where the insurance company is disputing a claim or refusing payment. Mr. Bass also told us that they do refer cases to public adjusters but no one in particular and they rotate the referrals. They provided samples of their contract and authorization to perform services. (Page 44-48)

RESPONDENT/ATTORNEY INFORMATION

	<u>Respondent</u>	<u>Attorney</u>
RESIDENCE:	6703 Mott Avenue Orlando, FL 32810-4159	
TELEPHONE:	(877) 936-8998	
BUSINESS:	Emergency Services 24, Inc. 6703 Mott Avenue Orlando, FL 32810-4159	
TELEPHONE:	(877) 936-8998	
MAILING:	6703 Mott Avenue Orlando, FL 32810-4159	
EMAIL:	mbass@waterdamage24.com	

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Licensee Profile Information

Tuesday, March 13, 2012

Demographics			
Name:	EMERGENCY SERVICES 24 INC		
FEIN:	80-0238192	Branch #:	0
Licensee #:		Proprietary #:	
License(s) Held:	Resident	National Producer Number:	0
Name Changed:			
Officers, Owner, and Other Interested Parties			
No Officer found.			

Addresses		
TYPE	ADDRESS	DATE MAIL RETURNED
BUSINESS	6703 MOTT AVE ORLANDO Orange Florida 32810	
MAILING	3715 NORTHCREST RD STE 34 ATLANTA Georgia 30340-3414	

Phones			
TYPE	COUNTRY CODE	PHONE #	EXTENSION
BUSINESS		(407)294-7707	

Emails			
TYPE	EMAIL ADDRESS	STATUS	LAST UPDATE

Name History
No Name History found.

Address History
No Address History found.

License Details (ACTIVE)
No Licenses found.

License Details (HISTORY)
No Licenses found.

Appointment Details
No Appointments found.

Alerts						
ACTIVE ALERTS						
LEVEL	TYPE	MANUAL	CREATED	EFFECTIVE DATE	COMMENT	
YELLOW	INVESTIGATION	Yes	9/8/2011 4:39:07 PM	09/08/2011	09/08/11	BOI CASE #CS21776/CA35960
INACTIVE ALERTS						
LEVEL	TYPE	MANUAL	REMOVED	EFFECTIVE DATE	COMMENT	
No inactive alerts are associated with this licensee.						

IA

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P08000075712

Entity Name: EMERGENCY SERVICES 24, INC

Current Principal Place of Business:

3715 NORTH CREST RD
SUITE 34
DORAVILLE, GA 30340

New Principal Place of Business:

Current Mailing Address:

3715 NORTHCREST ROAD
#34
DORAVILLE, GA 30340

New Mailing Address:

FEI Number: 80-0238192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLEHARDT, JOHN C
1524 E LIVINGSTON ST
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BASS, JEFFREY
Address: 5317 CURRY FORD RD
City-St-Zip: ORLANDO, FL 32812

Title: S
Name: CALIFANO, RICHARD
Address: 1375 EASTERN AVENUE
City-St-Zip: SAINT CLOUD, FL 31069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFREY BASS

Electronic Signature of Signing Officer or Director

P

04/21/2011

Date

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Emergency Services 24, Inc.

DOCUMENT NUMBER: P08000075712

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Burns

Name of Contact Person

Emergency Services 24, Inc.

Firm/ Company

6703 Mott Ave.

Address

Orlando, FL 32810-4159

City/ State and Zip Code

bburns@waterdamage24.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Burns

Name of Contact Person

at (352)

360-3282
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Emergency Services 24, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000075712

(Document Number of Corporation (if known))

FILED
2011 JUN 20 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____ (Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	Theresa Pofahl	2792 Cornerstone Ct. Apopka, FL 32703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 06/13/11

(date of adoption is required)

Effective date if applicable: 06/13/11

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"

(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06/13/11

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jeffrey Bass

(Typed or printed name of person signing)

President

(Title of person signing)

Chad Coppes of the Division of Consumer Services - Largo Regional Office has indicated the issue noted below should be sent to AGENT & AGENCY INVESTIGATIONS for review. Largo Regional Office administrator Richard Hibbs and Education, Advocacy & Research Analyst Sharron Daniel have reviewed this notice and concur that a review is warranted.

Notice of Issue (NOI) Details

COMPANY NAME NONE
FLORIDA COMPANY CODE / LIC#
SERVICE REQUEST # 1-716824221
NOTICE OF ISSUE # 1-717389807
STATUTE / RULE REF. 626.112

REASON FOR NOTICE OF ISSUE

Consumer is an SIU representative who was hired by St. Johns Insurance Company. The SIU representative wrote into our Department as they believe the restoration company that the insured hired, is acting as a Public Adjuster without a license. Consumer provided documentation that he believes helps support his accusations, which includes but is not limited to an assignment of benefits the insured signed with restoration company along with a policy disclosure request that was sent to the insurance company by the restoration company.

Jeffrey Bass, the regulated individual drawn into this NOI, is the president of the restoration company accused of acting as a PA.

Restoration company is:

Emergency Services 24, Inc.
6703 Mott Ave.
Orlando, FL 32810
407-383-6385

Companies involved in the Service Request

Other Parties involved in the Service Request

First Name	Last Name	Role on SR	License #
JEFFREY	BASS	Service Provider	
ROBERT	CLARK	Consumer	

Service Request Details

SR NUMBER : 1-716824221
OPENED : **CLOSED :** 8/8/2011 02:38:04 PM
CONSUMER : ROBERT CLARK
ADDRESS : 2300 MAITLAND CTR PKWYSTE 250
MAITLAND FL 32751
HOME PHONE : **WORK PHONE :**
FAX : **EMAIL ADDR :** robert.clark@claims-ins.com
NAME OF INSURED:

POLICY : ██████████
COMPLAINT TYPE : Insurance Company
COVERAGE GENERAL : Residential P&C
COVERAGE DETAIL : Homeowner
REASON : Public Adjuster Issue
DISPOSITION : Notice Issued-No Relief

CLAIM : ██████████

OVER 65 :
FINE AMOUNT : (\$0.00)
REASON FOR SERVICE REQUEST:

SPECIAL CATEGORY :

DATE FINE PAID :

Consumer is a SIU investigator with St. John's Insurance. He was reporting a Restoration contractor that he feels is operating as an unlicensed Public Adjuster. Details are provided by the company rep.

DT/TM/ ADDED/BY : 9/7/2011 8:08:04 AM

MMDDYY/00:00/Intials :

Service Request Log Notes

Created	Created By
08/08/2011 14:25:51	COPPESC

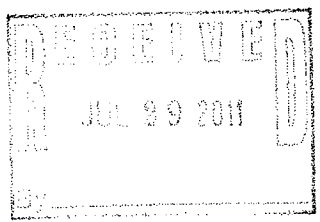
Note

Consumer is an SIU representative that was hired by St. Johns Insurance company and was writing in because he feels as though the restoration company the insured has hired is engaging in Public Adjuster actions by attempting to adjust the claim on the insured's behalf, without having the proper license to do so. Discussed SR with coach and ABC. It was agreed that this SR should simply be NOI'd and closed.

1-716824221



2300 Maitland Center Parkway
Suite 250
Maitland, FL 32751
(407)215-6125 (tel)
866-547-0551 (fax)



July 25, 2011

Florida Department of Financial Services
Division of Agent and Agencies
200 East Gaines Street
Tallahassee, FL 32399-0300

2011 JUL 28 PM 3:30
RECEIVED
A & A LICENSING

Re: Emergency Services 24, Inc.
Claim No. [REDACTED]
Policy No. [REDACTED]
Insured: Anthony Carter
Date of Loss: 4/12/2010

To whom it may concern:

St. Johns Insurance Company received a loss on July 5, 2011 for a claim where the Insured's property sustained water damage to the ceiling from an overhead water supply line in the attic. Emergency Services 24, Inc. is the water extraction company the Insured hired to mitigate his damages following the discovery of the claim. Emergency Services 24, Inc. has submitted an assignment of benefits signed by the Insured, along with a letter demanding St. Johns Insurance provides Emergency Services 24, Inc. with a copy of the Insured's policy, a copy of the declarations page evidencing policy coverage limits, a statement of any policy or coverage defense which insurer reasonably believes is available to insurer, claim number for this date of loss and the name of claim representative/adjuster and his/her contact information. Emergency Services 24, Inc. has been attempting to adjust the loss on behalf of the Insured.

Searches were run on the Florida Department of Financial Services website in an attempt to locate a public adjuster license for anyone found associated with Emergency Services 24, Inc., including the registered Agent, John Englehardt, the president, Jeffrey Bass, the secretary, Richard Califano, the treasurer Theresa Pofahl, as well as the representative who signed a letter sent to the claims examiner on July 18, 2011, requesting payment, Traci Pofahl, with no

matching results. The company itself does not hold any type of adjusting license either.

Emergency Services 24, Inc.

Principal Address
3715 North Crest Rd
Suite 34
Doraville, GA 30340

Registered Agent Name & Address
John C. Englehardt
1524 E. Livingston St
Orlando, FL 32803

President
Jeffrey Bass
5317 Curry Ford Rd
Orlando, FL 32812

Secretary
Richard Califano
1375 Eastern Avenue
Saint Cloud, FL 31069

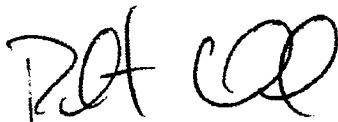
Treasurer
Theresa Pofahl
2792 Cornerstone Court
Apopka, FL 32703

2011 JUL 28 PM 3:30

RECEIVED
A & A LICENSING

Should you have any questions, please feel free to contact me directly. If I am not available please leave me a message and I will return your call.

Sincerely,



Robert Clark, FCLS
SIU Representative
2300 Maitland Center Parkway, Suite 250
Maitland, FL 32751
800.525.8835 x 6155 - Office
954.415.5692 - Cell
robert.clark@claims-ins.com

Enclosure: Documentation submitted by Emergency Services 24, Inc.
Corporation searches run on Emergency Services 24, Inc.

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2011 JUL 28 PM 3:30

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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[Events](#) [No Name History](#)

Detail by Entity Name

Florida Profit Corporation

EMERGENCY SERVICES 24, INC

Filing Information

Document Number P08000075712
FE/EIN Number 800238192
Date Filed 08/13/2008
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 06/20/2011
Event Effective Date NONE

Principal Address

3715 NORTH CREST RD
SUITE 34
DORAVILLE GA 30340

Changed 01/19/2009

Mailing Address

3715 NORTHCREST ROAD
#34
DORAVILLE GA 30340

Changed 12/15/2008

Registered Agent Name & Address

ENGLEHARDT, JOHN C
1524 E LIVINGSTON ST
ORLANDO FL 32803 US

Name Changed: 02/23/2009

Address Changed: 02/23/2009

Officer/Director Detail

Name & Address

Title P

BASS, JEFFREY
5317 CURRY FORD RD
ORLANDO FL 32812

Title S

CALIFANO, RICHARD

2011 JUL 28 PM 3:30
RECEIVED
A & A LEGAL SERVICES

11

1375 EASTERN AVENUE
SAINT CLOUD FL 31069

Title T

POFAHL, THERESA
2792 CORNERSTONE CT
APOPKA FL 32703

Annual Reports

Report Year Filed Date

2010	01/12/2010
2010	04/08/2010
2011	04/21/2011

Document Images

- [06/20/2011 -- Amendment](#)
- [04/21/2011 -- ANNUAL REPORT](#)
- [04/08/2010 -- ANNUAL REPORT](#)
- [01/12/2010 -- ANNUAL REPORT](#)
- [11/09/2009 -- Amendment](#)
- [08/03/2009 -- Amendment](#)
- [02/23/2009 -- Reg. Agent Change](#)
- [01/19/2009 -- ANNUAL REPORT](#)
- [12/15/2008 -- Reg. Agent Change](#)
- [08/13/2008 -- Domestic Profit](#)

Note: This is not official record. See documents if question or conflict.

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State of Florida, Department of State

2011 JUL 28 PM 3:30

NEEDS
A & A LICENSING

3:07:51 PM 7/25/2011

Licensee Details

Licensee Information

Name: **CALIFANO, RICHARD E (Primary Name)**
EMERGENCY SERVICES 24 INC (DBA Name)

Main Address: **1575 EASTERN AVENUE**
SAINT CLOUD Florida 34769

County: **OSCEOLA**

License Mailing:

LicenseLocation:

License Information

License Type: **Certified Building Contractor**

Rank: **Cert Building**

License Number: **CBC057844**

Status: **Current,Active**

Licensure Date: **09/13/1996**

Expires: **08/31/2012**

Special Qualifications **Qualification Effective**

Construction Business **02/20/2004**

Fingerprint (Construction
Industry Licensing **04/07/2010**
Board)

[View Related License Information](#)

[View License Complaint](#)

RECEIVED
 A & A LICENSING
 2011 JUL 28 PM 3:30

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 :: Call.Center@dbpr.state.fl.us :: Customer Contact Center:
 850.467.1395

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions regarding DBPR's ADA web accessibility, please contact our Web Master at webmaster@dbpr.state.fl.us.

**EMERGENCY SERVICES 24, INC.
24 Hour Water Removal**

FAX ORLANDO OFFICE

TO: Naomi Texidor	FROM: Traci Pofahl
COMPANY: St. Johns Insurance	DATE: 7/18/2011 11:28 AM
FAX NUMBER: 866-408-6491	TOTAL NO. OF PAGES INCLUDING COVER: 6
PHONE NUMBER: 877-748-2059	SENDER'S PHONE NUMBER: 407-291-7707
RE: Claim# ST11003396 - Carter	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS: LETTER, CONTRACT & AUTHORIZATION

Please make all checks payable to Emergency Services 24, Inc. and mail it to our Orlando office.

Thank you.

2011 JUL 28 PM 3:30
A & A LICENSING
RECEIVED

DISCLAIMER: the contents of this fax message and any attachments are intended solely for the addressee(s) name in this message. This communication is intended to be sent to remain confidential and may be subject to applicable attorney/client and /or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by fax and then destroy this message and its attachments.

**EMERGENCY SERVICES 24, INC.
WWW.WATERDAMAGE24.COM**

CORPORATE OFFICE 3715 Northcrest Rd. Ste. 34 Atlanta, GA 30340 P 770-936-8998 F 770-936-8913 Toll Free 877-936-8998	HOUSTON 6139 Corporate Dr. Houston, TX 77036 P 713-609-9278 F 832-582-8073 Jacksonville, FL 904-598-8998	ORLANDO 6703 Mott Avenue Orlando, FL 32810 P 407-294-7707 F 407-294-9813 Melbourne, FL 321-674-1998	WEST PALM BEACH 3866 Prospect Ave #8 West Palm Beach, FL 33419 P 561-818-1171 Miami, FL 305-577-8998	Tampa, FL 813-936-8998
--	---	--	--	---------------------------



WATER / MOLD / FIRE / SMOKE / DAMAGE RESTORATION

877.936.8998

ORLANDO / TAMPA / BOCA RATON / MIAMI

July 18, 2011

Sent Certified, RRR and via Facsimile

Re: Insured: Anthony Carter
 Our File No.:
 Date of Loss: 07/05/11
 Policy No.:
 Claim No.: [REDACTED]

Dear Sir or Madam:

Once again, our company was retained to perform water damage repairs for the above insured. We understand that your company insures Mr. Carter.

At this point in time, all work has been completed to the property and attached to this letter is a copy of our contract with the insured and our invoice that is now due and owing. Once you have reviewed the enclosed please place same in line for payment immediately. If you dispute any amount please notify us immediately, and place the undisputed amounts in line for payment.

In addition, you are hereby, once again, placed on notice that any and all future drafts, checks, payments, or monies of any kind issued to your insured for the date of loss for reimbursement for repairs performed by Emergency Services 24 Inc, shall name the Emergency Services 24 Inc as a payee and be forwarded to our Orlando office located at 6703 Mott Ave. Orlando, FL 32810.

We look forward to payment and resolution of this matter.

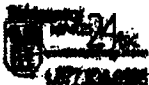
Sincerely,

Traci Popall

Enclosure
CC: Insured

RECEIVED
A & A LICENSING
2011 JUL 28 PM 3:30

WEST PALM BEACH, FL 7566 PROSPECT AVE. #2 WEST PALM BEACH, FL 33411 561.835.1171	BOCA RATON, FL 1129 HOLLAND DR. SUITE 1 BOCA RATON, FL 33487 561.241.1227	ORLANDO, FL 6703 MOTT AVE. ORLANDO, FL 32810 407.385.6885
---	--	--



Restoration Services, Inc.
 6708 Mott Ave.
 Orlando, FL 32810

Client: **Anthony Carter**
 Address: **4160 Lanai Dr Sarasota FL 34241**
 Insurance Name: **St. Johns Insurance**
 Claim #: **[REDACTED]**
 Tax ID #: **90-0238192**
 Date of Claim: **7/5/2011**

Master Bill

Category 2 Class 1	TUE	WED	THU	FRI	SAT			
Trip Fee- Regular Hours	1					1	\$ 181.00	\$ 181.00
Trip Fee- After Hours, Weekends, Holidays					1	1	\$ 225.00	\$ 225.00
Equipment Set Fee	1					1	\$ 250.00	\$ 250.00
Moisture Inspection Fee	1					1	\$ 75.00	\$ 75.00
Monitor					1	1	\$ 45.00	\$ 45.00
Apply Antimicrobial Sub Floor per Sq. Ft.	1					1	\$ 35.00	\$ 35.00
Apply Antimicrobial Walls/Ceiling per Sq. Ft.	1					1	\$ 25.00	\$ 25.00
Apply Mildicide per Sq. Ft.	1					1	\$ 25.00	\$ 25.00
Apply Deodorizer per Sq. Ft.	1					1	\$ 25.00	\$ 25.00
Apply Disinfectant per Sq. Ft.	1					1	\$ 20.00	\$ 20.00
Drywall Total	1					1	\$ 295.00	\$ 295.00
Cartage & Debris Removal	1					1	\$ 176.00	\$ 176.00
Protective Gloves Heavy Duty	3					3	\$ 5.45	\$ 16.35
Shoe Cover	3					3	\$ 2.99	\$ 8.97
Large Trash Bags 6 mil. Thickness	2					2	\$ 2.75	\$ 5.50
Industrial Towels	2					2	\$ 4.25	\$ 8.50
Extension Cord	2	2	2	2	2	10	\$ 5.00	\$ 50.00
Truck Usage	1					1	\$ 75.00	\$ 150.00
Fuel Surcharge	1					1	\$ 35.00	\$ 70.00
Air Movers (Blowers)	3	3	3	3	3	15	\$ 33.00	\$ 495.00
Phoenix 200 XX or DRIEAZ 2800 XX	1	1	1	1	1	5	\$ 138.17	\$ 690.85
Post Clean Equipment						4	\$ 30.00	\$ 120.00
							SUB TOTAL	\$ 2,992.17
							TAX	\$ 209.45
Senior Water/Fire Tech.	4					4	\$ 65.00	\$ 520.00
Junior Water / Fire Tech.	8					4	\$ 48.50	\$ 582.00
							SUB TOTAL	\$ 1,102.00
							OVERHEAD	\$ 409.42
							PROFIT	\$ 409.42
							TOTAL	\$ 5,122.46

RECEIVED
 & A LIBERSON
 JUL 28 PM 3:30



WATER / MOLD / FIRE / SMOKE / DAMAGE RESTORATION
877.936.8998
ORLANDO / TAMPA / BOCA RATON / MIAMI

June 13th, 2011

RECEIVED

VIA CERTIFIED MAIL; RRR

JUL 19 2011

Re: Our Client/Insured: Anthony Carter
Date of loss: July 5th, 2011
Nature of loss: Water

CLAIM # [REDACTED]
EXAMINER N. Texidor

Dear Sir/Madam:

Our company has been retained to perform repairs on the property of Anthony Carter, who has an insurance policy with your company that covers this property for the nature of the loss stated above.

Please note that Emergency Services 24 Inc. will be performing repairs at the stated address on or about July 5th 2011. Should you require any additional information, kindly contact us. Enclosed is a copy of the assignment of benefits signed by the named insured allowing payment for the repairs to be issued directly to Emergency Services 24 Inc. Upon completion of the work, an invoice will be submitted to your attention for prompt payment.

As a limited assignee of the insured, please provide the following documentation:

1. A copy of your insured's policy;
2. A copy of the declarations page evidencing policy coverage limits;
3. A statement of any policy or coverage defense which insurer reasonably believes is available to insurer.
4. Claim No. for this date of loss
5. Name of Claim Representative/Adjuster and his/her contact information.

In addition, you are hereby placed on notice that any and all future drafts, checks, payments, or monies of any kind issued to the above insured for the date of loss noted above that reimburses for payment of repairs for water damage loss shall name Emergency Services 24 Inc., as a loss payee, and be sent to our Orlando office located at 6703 Mott Avenue, Orlando, FL 32810

Thank you for your attention to the abovementioned.

Sincerely,

Emergency Services 24 Inc.

Enclosure (1) Assignment of Benefits
CC: Anthony Carter

WEST PALM BEACH, FL 3806 PROSPECT AVE #5 WEST PALM BEACH, FL 33419 561.818.1171	BOCA RATON, FL 1120 HOLLAND DR, SUITE 1 BOCA RATON, FL 33487 561.241.1227	ORLANDO, FL 6703 MOTT AVE ORLANDO, FL 32819 407.383.6385
--	--	---

2011 JUL 28 PM

A & A LICENSING

SCANNED

JUL 19 2011

BKH

ES24 Will not go unless P 2/8 however. for any money. *[Signature]*

24 HR WATER REMOVAL



Emergency Services 24 Inc

877.936.8998

Total Reconstruction: Fire/Pipe Break, Wind/Toilet Overflow, Water Damage, Lightning, Vandalism

Date of Loss: 7-5-2011

Type of Loss: Broken Water Line

Insured Anthony Carter
 Address 4160 Lanai Dr
 City Sarasota State FL Zip 34241
 Telephone 941-549-2385
 Telephone _____
 Telephone _____

Insurance Company St. Johns Insurance
 Policy No. _____
 Claim No. _____
 Adjuster Naomi Texidor
 Contact phone # 877-748-2059
 Contact Fax # 888-408-6491

Authorization Form to Perform Emergency and Complete Repairs and Assignment of Benefits and Rights

TERMS: All services to be paid when rendered unless prior credit terms are established. Balances unpaid after 10 days from date of invoice are subject to a late payment charge of 2% per month or maximum allowed by law. Insurance deductible is due and payable upon first visit. In addition, expenses incidental to collection, including reasonable attorney's fees are the responsibility of the customer. All invoices subject to late fees are reported to TRW. A 25% charge on uncompleted work shall be charged on any job ES-24, Inc. is authorized to perform but is not permitted to complete. Overhead and profit fees will be added to all emergency

I empower and direct ES-24, Inc. to determine the value of the services and repairs involved in this loss, to bill the insurance company direct, to be named on the claim check, and to be paid directly by the insurance company. All prices are determined from the Blue Book of Cleaning, Reconstruction, and Repair Costs. Refer to reverse side. In the event I receive funds from the insurance company for the purpose of payment for repairs and services involved in this loss, I agree to promptly pay ES-24, Inc. any amounts due. I understand that failure to promptly pay for services and repairs may result in certain liens, late fees, or other legal action.

Authorization to being and complete work x Anthony Carter

DL# _____

I hereby assign ES-24, Inc. all right to recovery from the insurance company for the work done by ES-24, Inc. This includes the right to pursue any and all remedies available at law, and I agree to cooperate fully with ES-24, Inc. in the collection of the amount due. This assignment gives ES-24, Inc., at its sole discretion, to pursue, in its own name, any remedies against any insurance company which I or ES-24, Inc. may have in regard to non-payment for underpayment of claims arising from the subject matter of this contract.

Authorized Signature x Anthony Carter

WWW.WATERDAMAGE24.COM

CORPORATE OFFICE 3715 Northcrest Rd. Ste. 34 Atlanta, GA 30340 F 770-334-8998 F 770-936-8915	PHILADELPHIA 603 Kennedy Blvd Unit C Somerdale, NJ 08083 P/F 856-783-1866	ORLANDO 6783 West Avenue Orlando, FL 32810 P 407-291-7707 F 407-294-9111	WEST PALM BEACH 3666 Prospect Ave #8 West Palm Beach, FL 33419 P 1-800-936-8998
Jacksonville, FL 904-598-8998	Melbourne, FL 321-674-1998	Miami, FL 305-577-8008	Tampa, FL 813-936-8998
Macon, GA 478-741-9498	Birmingham, AL 205-933-8930	Licensed • Insured • Bonded	

2011 Jul 29 PM 3:30

A & A LICENSING

GC Licence # CBC057844

24 HR WATER REMOVAL

Serving: GA, FL, TN, TX, PA, NJ, NY, DE, WV, AL, LA, VA, MS, NC, SC, KY



Emergency Services 24 Inc.

877.936.8998

Total Reconstruction: Fire/Flame Break, Wind/Toilet Overflow, Water Damage, Lightning, Vandalism

CONTRACT FOR SERVICES, ASSIGNMENT OF BENEFITS, DIRECT PAYMENT AUTHORIZATION, AND HOLD HARMLESS AGREEMENT

Date of Loss: 7-5-2011 Type of Loss: broken water line

Agreement: I, the Owner/Agent for the job site listed below, authorize EMERGENCY SERVICES 24, INC. (hereinafter sometimes referred to as "ES24, Inc") to enter my property, furnish materials, supply all equipment and perform all labor necessary to preserve and protect my property from further damage.

Assignment of Insurance Benefits and Direct Payment Authorization: I hereby assign any and all insurance rights, benefits, and proceeds under any applicable insurance policies to Emergency Services 24, Inc. I also hereby authorize direct payment of any benefits or proceeds to Emergency Services 24, Inc. I make this assignment and authorization in consideration of Emergency Services 24, Inc.'s agreement to perform services and supply materials and otherwise perform its obligations under this contract, including not requiring full payment at the time of service. I believe the appropriate insurance carrier to be St. Johns Insurance. I also hereby direct my insurance carrier(s) to release any and all information requested by Emergency Services 24, Inc., its representative, 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. In this regard, I waive my privacy rights. If payment is made directly to the Owner/Agent by an insurer, it shall be endorsed over to Emergency Services 24, Inc. within three business days. I agree that any portion of work, deductibles, betterment, depreciation or additional work requested by the undersigned, not covered by insurance, must be paid by the undersigned on or before its completion. I hereby appoint Emergency Services 24, Inc. as attorney in-fact, authorizing Emergency Services 24, Inc. to endorse my name, and to deposit insurance checks or drafts for Emergency Services 24, Inc. Payment terms to Emergency Services 24, Inc. are net-30 days. Late charges of 1.5% monthly are charged to any and all unpaid balances. Emergency Services 24, Inc. shall be entitled to reimbursement for costs of collection (including reasonable attorney's fees and costs) of unpaid amounts by Owner/Agent and for reasonable attorney's fees and costs for the breach, or enforcement, of any terms of this entire service agreement.

Authorized Antimicrobial Agents: I understand that in the best judgment of Emergency Services 24, Inc., materials may be treated with a Commercial antimicrobial agent to inhibit the growth of micro-organisms during the drying process. I have received advanced notice of the use of antimicrobial and/or antimicrobial product as part of the restoration process. I understand it is beyond the expertise of Emergency Services 24, Inc. to determine if someone is sensitive to its application and will hold Emergency Services 24, Inc. harmless for its use.

Stop Work-Hold Harmless: In the event Emergency Services 24, Inc. is not allowed to perform its recommended procedures and/or drying equipment is removed prematurely, I agree to release and hold Emergency Services 24, Inc. harmless, and indemnify Emergency Services 24, Inc. against all claims or actions that may result from such procedures.

I have read and understand the information above and have received a copy for my records.

Signature: Anthony Carter Date: 7/5/11
Owner/Agent: Anthony Carter Phone: 941-541-2385
Address: 4160 Louis Dr Sarasota, FL 34241 Claim #: Insurance Company/Phone #: St. Johns Insurance

Email Address:

WWW.WATERDAMAGE24.COM

- ATLANTA: 3715 Northcross Rd. Ste. 34 Atlanta, GA 30340 P 770-936-8998 F 770-936-8913
BUCKE RATON: 1120 Holland Drive Unit 1 Boca Raton, FL 33487 P 561-241-1227 F 561-241-1228
ORLANDO: 6783 Moss Avenue Orlando, FL 32810 P 407-291-7707 F 407-294-9813
WEST PALM BEACH: 1466 Prospect Ave #R West Palm Beach, FL 33419 P 561-818-1171
Jacksonville, FL: 904-598-8998
McLennan, FL: 121-674-1998
Miami, FL: 305-577-8998
Tampa, FL: 813-936-8998
Macon, GA: 478-741-8498
Birmingham, AL: 205-933-0950

Licensed • Insured • Bonded

2011 JUL 28 PM 3:31 RECEIVED A & A LICENSING



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

September 15, 2011

Insurance Network Services, Inc.
Robert Clark, FCLS
2300 Maitland Center Parkway, Suite 250
Maitland, FL 32751

RE: Subject Name: Emergency Services Inc.
Case Number: CS21776/CA35960

Dear Mr. Clark:

The Department of Financial Services, Division of Agent & Agency Services, Bureau of Investigation, is looking into the insurance transactions of the above named subject. This investigation is being conducted out of the Department's Investigation Section in Orlando, Florida.

We respectfully request that you search your records and forward a copy of any and all information in your files concerning the above referenced case or subject to include:

- Claim file for Anthony Carter, claim number [REDACTED] to include diary notes as well as any and all correspondence that has occurred on this claim.

Please find our Certification of Corporate Records form enclosed for certifying your company documents as true and original copies. This form must be signed by an official company representative, **notarized** and returned with the requested documents.

The Department would appreciate remittance of these items within **ten (10) working days** of receipt of this request. At this time, we would like to advise this is a confidential inquiry and should not be discussed pursuant to 624.319 (3), Florida Statutes.

Although this is not a criminal investigation, section 626.989, FS provides that in the absence of fraud or bad faith, a person is not subject to civil liability for libel, slander, or any other relevant tort by virtue of filing reports, without malice, or furnishing other information, without malice.

Sincerely,

Jose A. Flores
Special Investigator

TRANSMISSION VERIFICATION REPORT

TIME : 09/15/2011 16:14
NAME : DFS-INVESTIGATION
FAX : 407-481-5664
TEL : 407-835-4401
SER.# : 000G4J157379

DATE, TIME	09/15 16:14
FAX NO./NAME	918662156285
DURATION	00:00:28
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

September 15, 2011

Insurance Network Services, Inc.
Robert Clark, FCLS
2300 Maitland Center Parkway, Suite 250
Maitland, FL 32751

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Case Number: CS21776/CA35960

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215 N. Westmonte Drive
Altamonte Springs, Florida 32714
1-800-810-3572

October 19, 2011

Florida Department of Financial Services
Division of Agent and Agency Services
Bureau of Investigation
400 W. Robinson Street, Suite N-401
Orlando, Florida 32801
Attention: Jose A. Flores, Special Investigator

RE: Claim Number: [REDACTED]
Policy Number: [REDACTED]
Insured: Anthony Carter
Case Number: CS21776/CA35960

Special Investigator Flores:

Per your request dated September 15, 2011, attached please find all documents and supporting evidence related to this request enclosed along with this letter. My name is Robert Clark and I am the SIU Investigator on the file. If you have any questions or would like to discuss the file material I can be reached at the above address, by phone (954)415-5692, or by email at robert.clark@claims-ins.com. I look forward to hearing from you.

Please let me know if you require any additional information.

Sincerely,

Robert Clark
SIU Investigator
Robert.clark@claims-ins.com
954-415-5692 Phone
866-215-6285 E-Fax



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

September 15, 2011

Insurance Network Services, Inc.
Robert Clark, FCLS
2300 Maitland Center Parkway, Suite 250
Maitland, FL 32751

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Case Number: CS21776/CA35960

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Sincerely,


Jose A. Flores
Special Investigator

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Jose A. Flores • Special Investigator
Division of Agent and Agency Services • Bureau of Investigation
400 W. Robinson Street, Suite N-401 • Orlando, FL 32801-1752 • Tel. 407-835-4439 • Fax 407-481-5664
Email • Jose.Flores@myfloridacfo.com
Affirmative Action • Equal Opportunity Employer

Certification of Documents

I, the undersigned, declare that I am employed by / associated with Insurance Network Services in the position of SIU Manager, and by reason of my position, I am authorized and qualified to make this declaration.

On this 19th day of October, 2011, I attest that the preceding or attached documents are true, exact, complete, and unaltered photocopies made by me of

(description of documents)

St Johns Ins Co. Claim Number: [REDACTED]

_____ and, to the best of my knowledge, that the photocopied documents are neither a vital record nor a public record, certified copies of which are available from an official source other than a notary public.

Jennifer Zuniga - SIU Manager
Affiant Signature
Name & Title

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to and subscribed before me this 19th day of, October, 2011.

Eileen M. Savage
Notary Signature and Seal



EILEEN M. SAVAGE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD972828
Expires 3/30/2014

My Commission Expires: 3/30/2014

Personally Known OR Produced Identification _____

Type of Identification Produced n/a



Advanced Drying Systems

4509 N. Nebraska Ave
Tampa, Fl. 33603-4148
1 (888) 898-0699
claims@adsdry.com
Tax ID # 26-4116603

Client: Anthony Carter PEER REVIEW
Property: 4160 Lanai Dr
Sarasota, FL 34241

Home: (941) 549-2385

Operator Info:

Operator: ADMIN

Estimator: Advanced Drying Systems Corp

Business: (888) 898-0699

Business: 4509 N Nebraska Ave
Tampa, FL 33603-4148

Type of Estimate: Water Damage
Date Entered: 9/15/2011 Date Assigned: 9/14/2011
Date Est. Completed: 9/15/2011 Date Job Completed: 9/14/2011

Price List: FLSR5B_JUN11
Restoration/Service/Remodel
Estimate: 2011-09-15-1032
File Number: [REDACTED] - PEER REVIEW

For questions please contact Mark Custer at 888-898-0699.

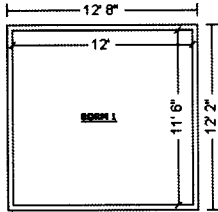


Advanced Drying Systems

4509 N. Nebraska Ave
 Tampa, Fl. 33603-4148
 1 (888) 898-0699
 claims@adsdry.com
 Tax ID # 26-4116603

2011-09-15-1032

Main Level



BDRM 1

Ceiling Height: 8'

376.00 SF Walls	138.00 SF Ceiling
514.00 SF Walls & Ceiling	138.00 SF Floor
15.33 SY Flooring	47.00 LF Floor Perimeter
47.00 LF Ceil. Perimeter	

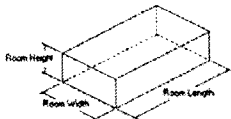
DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
-------------	------	--------	---------	-------

ADS is performing a comparative estimate based on the field adjusters notes and the final invoice from 24 Hour Water Removal. This comparative estimate is based on ICCRC drying standards. Class 3 loss with over head damage to the ceiling.

1. Remove wet ceiling tile & drywall and bag for disposal	40.00 SF	0.77	0.00	30.80
2. Water extraction from floor	40.00 SF	0.00	0.46	18.40
3. Apply anti-microbial agent	80.00 SF	0.00	0.19	15.20
This product includes mildeicide, deodorizer and disenfectant.				
4. Air mover (per 24 hour period) - No monitoring	6.00 EA	0.00	25.75	154.50
2 air movers for three days.				
5. Dehumidifier (per 24 hour period) - Large - No monitoring	3.00 EA	0.00	78.31	234.93
1 dehumidifier for three days.				

Totals: BDRM 1 453.83

Miscellaneous



DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
-------------	------	--------	---------	-------



Advanced Drying Systems

4509 N. Nebraska Ave
 Tampa, Fl. 33603-4148
 1 (888) 898-0699
 claims@adsdry.com
 Tax ID # 26-4116603

CONTINUED - Miscellaneous

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
6. Emergency service call - during business hours	1.00 EA	0.00	127.15	127.15
7. Equipment setup, take down, and monitoring (hourly charge)	2.00 HR	0.00	45.41	90.82
8. Equipment decontamination charge - per piece of equipment	1.00 EA	0.00	29.89	29.89
9. Haul debris - per pickup truck load - including dump fees	0.50 EA	117.18	0.00	58.59
Totals: Miscellaneous				306.45
Total: Main Level				760.28
Line Item Totals: 2011-09-15-1032				760.28

Grand Total Areas:

376.00 SF Walls	138.00 SF Ceiling	514.00 SF Walls and Ceiling
138.00 SF Floor	15.33 SY Flooring	47.00 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	47.00 LF Ceil. Perimeter
138.00 Floor Area	154.11 Total Area	376.00 Interior Wall Area
397.33 Exterior Wall Area	49.67 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



Advanced Drying Systems

4509 N. Nebraska Ave
Tampa, Fl. 33603-4148
1 (888) 898-0699
claims@adsdry.com
Tax ID # 26-4116603

Summary

Line Item Total	760.28
Replacement Cost Value	\$760.28
Net Claim	\$760.28

Advanced Drying Systems Corp



Advanced Drying Systems

4509 N. Nebraska Ave
Tampa, Fl. 33603-4148
1 (888) 898-0699
claims@adsdry.com
Tax ID # 26-4116603

Recap by Room

Estimate: 2011-09-15-1032

Area: Main Level

BDRM 1

453.83

59.69%

Miscellaneous

306.45

40.31%

Area Subtotal: Main Level

760.28

100.00%

Subtotal of Areas

760.28

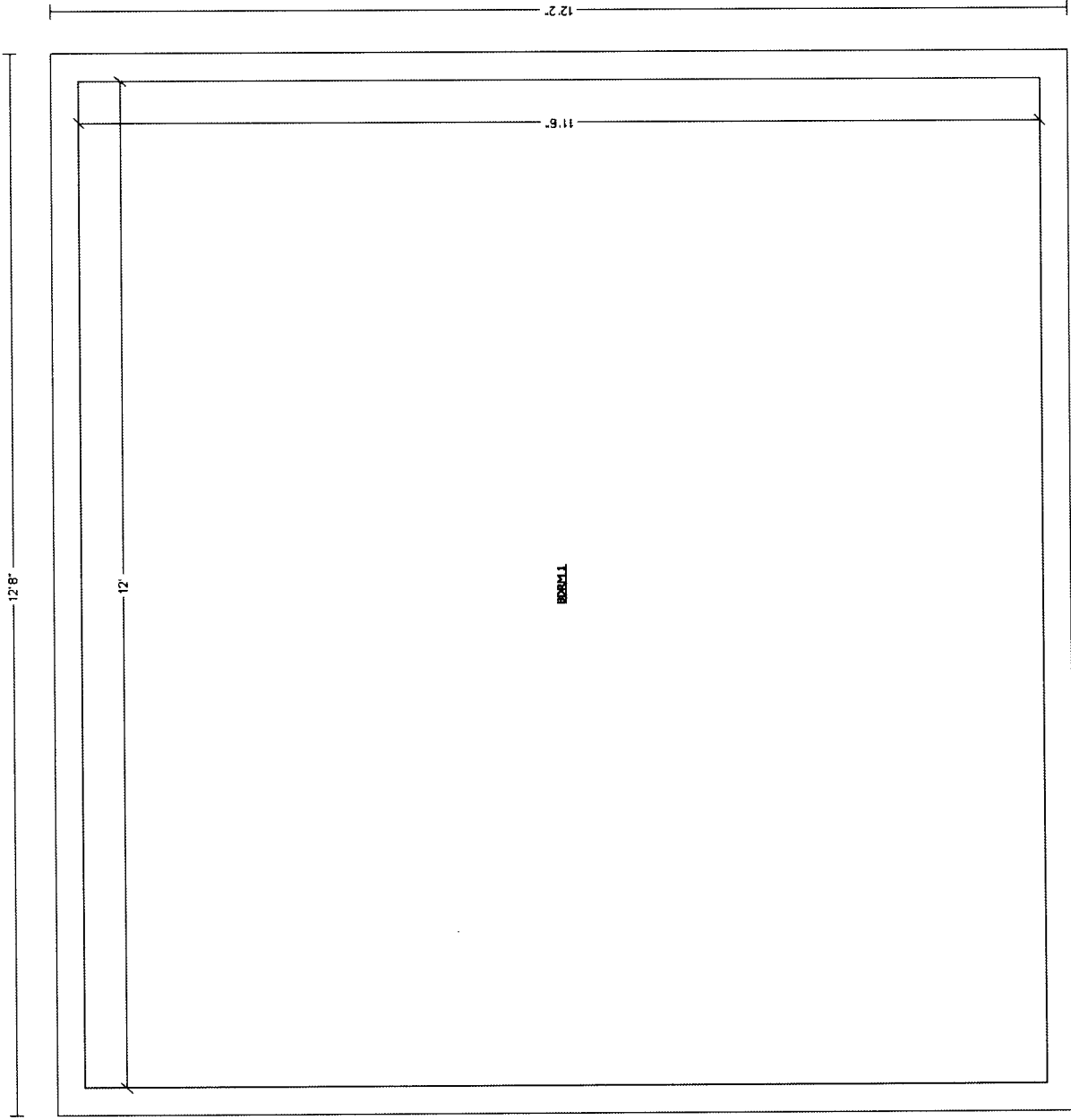
100.00%

Total

760.28

100.00%

30



3:07:51 PM 7/25/2011

Licensee Details

Licensee Information

Name: **CALIFANO, RICHARD E (Primary Name)**
EMERGENCY SERVICES 24 INC (DBA Name)

Main Address: **1575 EASTERN AVENUE**
SAINT CLOUD Florida 34769

County: **OSCEOLA**

License Mailing:

LicenseLocation:

License Information

License Type: **Certified Building Contractor**

Rank: **Cert Building**

License Number: **CBC057844**

Status: **Current,Active**

Licensure Date: **09/13/1996**

Expires: **08/31/2012**

Special Qualifications Qualification Effective

Construction Business 02/20/2004

Fingerprint (Construction Industry Licensing Board) 04/07/2010

[View Related License Information](#)

[View License Complaint](#)

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) :: Call.Center@dbpr.state.fl.us :: Customer Contact Center: 850.487.1395

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions regarding DBPR's ADA web accessibility, please contact our Web Master at webmaster@dbpr.state.fl.us.



ISO CLAIMSEARCH MATCH REPORT

A claim report identified by ClaimSearch identification number 0Z002977849 was received by ISO ClaimSearch. Submission of this claim report initiated a search for similar claims. The claims listed below appear to be similar to the claim submitted. Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

If you have any questions concerning your report, please contact Customer Support at (800) 888-4476.

Matching Records:

4Z002702561

7C002714806

7L002543712

Initiating Claim

File Number: 0Z002977849

Company: S60800002
Claim Number: ██████████
Date/Time of Loss: 07/05/2011 00:00
Policy Number: ██████████
Policy Type: Personal Property Homeowners
Inception Date: 05/04/2011 **Expiration Date:** 05/04/2012
Assigned Risk?: NO
ISO Received Date: 07/05/2011
Loss Description: INSURED NOTICED THIS MORNING THAT THE PLASTER ...
Location of Loss: 4160 LANAI DR
 SARASOTA, FL

Involved Party: **Both Claimant & Insured**

Name: ANTHONY CARTER
Address: 4160 LANAI DR
 SARASOTA, FL 34241-5629
Home Phone: (941) 378-4536

Building and Loss Property Information:

Loss Type: Water
Adjuster Company: ST JOHNS INSURANCE CO

[back](#)**Matching Claim****File Number: 4Z002702561**

Reason(s) for match: **Name**
Insuring Company: PROGRESSIVE GROUP OF INS COMPANIES
Claim Number: [REDACTED]
Date/Time of Loss: 01/22/2010 10:12
Policy Number: [REDACTED]
Policy Type: Personal Automobile
Inception Date: 09/11/2009 **Expiration Date:** 03/11/2010
Policy Renewed?: YES
Assigned Risk?: NO
Insuring Co. Address: BRADENTON (2175)
6310 CAPITAL DR #200
BRADENTON, FL 34202
Insuring Co. Phone: (941) 929-2800
Company Received Date: 03/09/2010
Loss Description: CV REARENDED IV
Agency Notified: SARASOTA SD **Report Case No.:** 10-5353
CAT Related?: NO
Location of Loss: MUNA LOA BLVD AND FRIENDSHIP LN
SARASOTA, FL

Involved Party:**Insured Driver**

Name: ANTHONY C CARTER
Address: 4160 LANAI DRIVE
SARASOTA, FL 34241
DOB: 12/04/1960
Gender: Male
Home Phone: (941) 928-8186
*** More matches found on this Home Phone outside this report ***
SSN: [REDACTED] was issued between 1976 and 1977 in MA
*** More matches on this SSN outside this report ***
Drivers License: C636003604440 **State:** FL

Service Provider:**Law Office**

Business Name: SHAPIRO GOLDMAN BABBONI AND WALSH
Address: 308 COCOANUT AVE
SARASOTA, FL 34236
Business Phone: (941) 954-4000

Casualty Coverage Information:

Coverage Type: PIP

Loss Type: PIP
Claim Status: Closed w/o Payment **Date Claim Closed:** 03/29/2010
Adjuster Company: PROGRESSIVE GROUP OF INS COMPANIES
Adjuster: ANDERSON RONALD J
Adjuster Phone: (800) 444-3909
Alleged Injury/ Damage: NECK / BACK/SHORTNESS OF BREATH
Suit filed?: NO

[back](#)

Matching Claim

File Number: 7C002714806

Reason(s) for match: Name
Insuring Company: PROGRESSIVE GROUP OF INS COMPANIES
Claim Number: ██████████
Date/Time of Loss: 01/22/2010 10:10
Policy Number: ██████████
Policy Type: Personal Automobile
Inception Date: 01/19/2010 **Expiration Date:** 07/19/2010
Policy Renewed?: NO
Assigned Risk?: NO
Insuring Co. Address: BRADENTON (2175)
 6310 CAPITAL DR #200
 BRADENTON, FL 34202
Insuring Co. Phone: (941) 929-2800
Company Received Date: 01/22/2010
Loss Description: CV REARENDED IV
Agency Notified: SARISOTA PD/PCS B'TON **Report Case No.:** 10-5353
CAT Related?: NO
Location of Loss: MAUNA LOA
 SARASOTA, FL

Involved Party: **Insured Driver**
Name: ANTONY CARTER
Address: 4160 LANAI DR
 SARASOTA, FL 34241
DOB: 12/04/1960
Gender: Male
Home Phone: (941) 928-8186
 *** More matches found on this Home Phone outside this report ***
SSN: ██████████ was issued between 1976 and 1977 in MA
Drivers License: C636003604440 **State:** FL

Service Provider: **Law Office**
Business Name: SHAPIRO GOLDMAN BABBONI AND WALSH
Address: 308 COCOANUT AVE
 SARASOTA, FL 34236
Business Phone: (941) 954-4000

Casualty Coverage Information:

Coverage Type: PIP
Loss Type: PIP
Claim Status: Closed w/o Payment **Date Claim Closed:** 06/07/2010
Adjuster Company: PROGRESSIVE GROUP OF INS COMPANIES
Adjuster: ANDERSON RONALD J
Adjuster Phone: (800) 444-3909
Alleged Injury/ Damage: SOFT TISSUE
Suit filed?: NO

[back](#)**Matching Claim****File Number: 7L002543712**

Reason(s) for match:	Name
Insuring Company:	STATE FARM (R) AFFILIATE
Claim Number:	██████████
Date/Time of Loss:	05/25/2009
Policy Number:	██████████
Policy Type:	Personal Automobile
Insuring Co. Address:	PO BOX 9609 WINTER HAVEN, FL 33883-9609
Insuring Co. Phone:	(800) 627-4026
Location of Loss:	500 FT NORTH OF SR780 AND I75 SARASOTA, FL

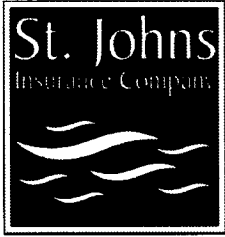
Involved Party: **CLAIMANT**
Name: AMBER REFSNIDER
Address: 4120 LANAI DR
 SARASOTA, FL 34241-0000
DOB: 02/03/1976
Drivers License: R125016765430

Casualty Coverage Information:

Loss Type: PIP
Adjuster Company: STATE FARM (R) AFFILIATE

Adjuster: TEAM PROC
Alleged Injury/ Damage: NOT SURE

Involved Party: **INSURED**
Business Name: CARTER ANTHONY
Address: 4160 LANAI DR
SARASOTA, FL 34241-5629
SSN: [REDACTED] was issued between 1976 and 1977 in MA
Drivers License: C636003604440



Claims Processing Center
P.O. Box 1779
Columbia, SC 29202
Tel: 800.748.2030
Fax: 877.858.8920

July 26, 2011

Anthony Carter
4160 Lanai Dr
Sarasota, FL 34241

RE: Claim No.: [REDACTED]
Policy No.: [REDACTED]
Insured: Anthony Carter
Loss Address: 4160 Lanai Dr. Sarasota, FL 34241
Date of Loss: 07/05/2011
Loss Type: Water damage-roof leak

Dear Mr. Carter:

St. Johns Insurance Company provides insurance for the above property location for the policy period 05/04/2011 to 05/04/2012, subject to all terms and provisions of said policy.

On 07/05/2011, we received notice of a claim for water damage on 07/05/2011. There are questions whether coverage for all reported loss under this policy applies to this claim; therefore, we are investigating this loss under a Reservation of Rights. The nature of this coverage question includes the the cause of the reported loss to your property. No coverage decisions have been made at this time and we welcome the opportunity to work with you while questions are addressed.

In regards to your claim, we must refer you to conditions in your HOMEOWNERS 3 SPECIAL FORM (HO 00 03 10 00), which includes:

SECTION I – PROPERTY COVERAGES

2. Reasonable Repairs

- a. We will pay the reasonable cost incurred by you for the necessary measures taken solely to protect covered property that is damaged by a Peril Insured Against from further damage.
- b. If the measures taken involve repair to other damaged property, we will only pay if that property is covered under this policy and the damage is caused by a Peril Insured Against. This coverage does not:
 - (1) Increase the limit of liability that applies to the covered property; or
 - (2) Relieve you of your duties, in case of a loss to covered property, described in B.4. under Section I – Conditions.

Quality • Integrity • Pride

And;

Special Provisions-Florida Endorsement SJ HO 100 07 10 which reads as follows:

SECTION I – CONDITIONS

B. Duties After Loss

Paragraph 7. is replaced by the following:

7. As often as we reasonably require:
 - a. Show “us” the property;
 - b. Provide “us” with the records and documents we request and permit “us” to make copies;
 - c. Any and all “insureds” must submit to recorded statements when requested by “us”;
 - d. In the county where the “residence premises” is located “you”, “your” agents, “your” representatives and any and all “insureds” must submit to examinations under oath and sign same when requested by “us”.
 - e. Permit “us” to take samples of damaged and undamaged property for inspection, testing and analysis; and
 - f. Any and all “insureds” must execute all authorizations for the release of information when requested by “us”.

Please note the aforementioned represents excerpts from the HO 00 03 10 00 homeowners policy and it's purchase endorsements. All other terms and conditions continue to apply to this claim.

Please be advised that any further action taken by our company, its representatives, or attorneys in connection with this claim is done under a full Reservation of Rights. Further, any further action taken does not constitute and is not intended as a waiver of any rights or defenses available to our company and shall not stop our company from asserting, at a later date, any policy defenses that may be available now or at that time. All rights and defenses are expressly reserved. It is also understood that you do not waive any of your rights under the policy terms.

At this time we are requesting Emergency Services 24, Inc. to provide dry logs and an itemized breakdown of their services.

Once our investigation into this claim has been concluded, we will advise you of our position. In the interim, please do not hesitate to call if you have any questions about this letter or require additional information.

If you have any questions or concerns about this claim, please call me as soon as possible so that we may have the opportunity to promptly and fairly address them. My office hours are 8:00 AM to 5:00 PM Monday- Friday, or you may leave a message on my voice mail and I will call you back as soon as possible. Thank you.

Sincerely,



Noemi Texidor
Claims Examiner
Phone: (800) 748 2030 ext. 2022
Fax: (866) 408-6491
noemi.texidor@claims-ins.com

Cc: Mmary Widner Agency Inc
2300 Bee Ridge Rd #203
Sarasota, FL 34239

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Entity Name Search

[Events](#)

No Name History

Detail by Entity Name

Florida Profit Corporation

EMERGENCY SERVICES 24, INC

Filing Information

Document Number P08000075712
FEI/EIN Number 800238192
Date Filed 08/13/2008
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 06/20/2011
Event Effective Date NONE

Principal Address

3715 NORTH CREST RD
SUITE 34
DORAVILLE GA 30340

Changed 01/19/2009

Mailing Address

3715 NORTHCREST ROAD
#34
DORAVILLE GA 30340

Changed 12/15/2008

Registered Agent Name & Address

ENGLEHARDT, JOHN C
1524 E LIVINGSTON ST
ORLANDO FL 32803 US

Name Changed: 02/23/2009

Address Changed: 02/23/2009

Officer/Director Detail

Name & Address

Title P

BASS, JEFFREY
5317 CURRY FORD RD
ORLANDO FL 32812

Title S

CALIFANO, RICHARD

1375 EASTERN AVENUE
SAINT CLOUD FL 31069

Title T

POFAHL, THERESA
2792 CORNERSTONE CT
APOPKA FL 32703

Annual Reports

Report Year Filed Date

2010	01/12/2010
2010	04/08/2010
2011	04/21/2011

Document Images

- | | |
|---|--|
| 06/20/2011 -- Amendment | View image in PDF format |
| 04/21/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/08/2010 -- ANNUAL REPORT | View image in PDF format |
| 01/12/2010 -- ANNUAL REPORT | View image in PDF format |
| 11/09/2009 -- Amendment | View image in PDF format |
| 08/03/2009 -- Amendment | View image in PDF format |
| 02/23/2009 -- Reg. Agent Change | View image in PDF format |
| 01/19/2009 -- ANNUAL REPORT | View image in PDF format |
| 12/15/2008 -- Reg. Agent Change | View image in PDF format |
| 08/13/2008 -- Domestic Profit | View image in PDF format |

Note: This is not official record. See documents if question or conflict.

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State of Florida, Department of State



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

January 5, 2012

Emergency Services 24, Inc.
Jeffrey Bass, President
6703 Mott Avenue
Orlando, FL 32810

Re: CS21776/CA35960

Dear Mr. Bass:

This letter is to inform you that the Department of Financial Services, Bureau of Investigation has opened an investigation concerning your Florida insurance activities. The purpose of this investigation is to gather facts and evidence to enable the department to determine whether you have violated one or more applicable provisions of the Florida Insurance code, or Department Administrative rules. Should our investigation substantiate the allegations we have under review, possible formal administrative action could be taken.

As a means of obtaining all the facts, please call the investigator at the telephone number below to arrange a meeting in our Orlando office to discuss the general allegations of our case.

Department investigations are strictly confidential, even to the extent that they are exempt from the Public Records Act. Releasing any specific information about this investigation would conflict with the prescribed statutory confidentiality requirement. Should the investigation result in administrative action being taken, you will have discovery rights under the law.

At this time, there is no determination that you have violated any part of the Insurance Code or Administrative Rules. We are merely investigating certain allegations, and you are not presently under any charges in this case.

Your cooperation with the Department's investigation into the matter at hand will be appreciated.

Sincerely,

A handwritten signature in black ink that reads "F.C." with a period at the end.

Jose A. Flores
Special Investigator

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Jose A. Flores • Special Investigator
Division of Agent and Agency Services • Bureau of Investigation
400 W. Robinson Street, Suite N-401 • Orlando, FL 32801-1752 • Tel. 407-835-4439 • Fax 407-481-5664
Email • Jose.Flores@myfloridacfo.com
Affirmative Action • Equal Opportunity Employer

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MEMO TO: File

RE: Emergency Services 24, Inc. CS21776/CA35960

FROM: Jose A. Flores

DATE: January 5, 2012

Today FIRA Gorton, investigator Haigh and I visited the offices of Emergency Services 24, Inc. located at 6703 Mott Avenue, Orlando, FL 32810. During our visit we spoke to the regional manager Mike Bass and the office manager Traci Pofahl. According to Mr. Bass they are not acting in any way as public adjusters. Then we inquired about their processes and if they ask the companies for copies of the policies and other documentation. He said that this only happened in few cases where the companies were disputing a claim or were refusing payment but that it is not done on every case. Mr. Bass also told us that they do refer cases to public adjusters but no one in particular they rotate the referrals. Both he and Traci provided us with their contract and the authorization to perform services. At this time we gave Mr. Bass the Notice of Investigation.



Emergency Services 24 Inc.

877.936.8998

- Georgia
- Florida

- Alabama
- Mississippi

- Louisiana
- Texas

- The Caribbean
- Kentucky

CBC # 057844

Total Reconstruction Contract For: Fire/Pipe Break, Wind/Toilet Overflow, Water Damage, Lightning, Vandalism

Date of Loss: _____ Type of Loss: _____ Today's Date: _____

Insured _____	Insurance Company _____
Address _____	Policy No. _____
City _____ State _____ Zip _____	Claim No. _____
Home# _____	Adjuster _____
Cell# _____	Contact Phone# _____
Work# _____	Contact Fax# _____
Email _____	Email _____

Authorization Form to Perform Emergency and Complete Repairs and Assignment Of Benefits and Rights

TERMS: All services to be paid when rendered unless prior credit terms are established. Balances unpaid after 15 days from date of invoice are subject to a late payment charge of 1.5% per month or maximum allowed by law. Insurance deductible is due and payable upon first visit. In addition, expenses incidental to collection, including reasonable attorney's fees are the responsibility of the customer. All invoices subject to late fees are reported to TRW. A 25% charge on uncompleted work shall be charged on any job ES-24, Inc. is authorized to perform but is not permitted to complete. Overhead and profit fees will be added to all emergencies. I empower and direct ES-24, Inc. to determine the value of the services and repairs involved in this loss, to bill the insurance company direct, to be named on the claim check, and to be paid directly by the insurance company. Refer to reverse side. In the event I receive funds from the insurance company for the purpose of payment for repairs and services involved in this loss, I agree to promptly pay ES-24, Inc. any amounts I understand that failure to promptly pay for services and repairs may result in certain liens, late fees, and other legal action.

AUTHORIZATION TO BEGIN AND COMPLETE WORK

DL# _____

I hereby assign ES-24 Inc. all right to recovery from the insurance company for the work done by ES-24, Inc. This includes the right to pursue any and all remedies available at law, and I agree to cooperate fully with ES-24, Inc. in the collection of the amount due. This assignment gives ES24, Inc., at its sole discretion, to pursue, in its own name, any remedies against my insurance company which I or ES-24, Inc., may have in regard to no-payment or underpayment of claims arising from the subject matter of this contract. This assignment terminates upon receipt of full payment and if applicable interest, attorneys fees and costs.

TO WHOM IT MAY CONCERN:

I, _____, give you full permission to speak with all representatives from Emergency Services 24, Inc. concerning the loss due to the Fire/Flood at my home. My policy number is _____, my claim number is _____.

Sincerely,

(Print) (Signature) (Date)

WWW.WATERDAMAGE24.COM

CORPORATE OFFICE
3715 Northcrest Rd. Ste. 34
Atlanta, GA 30340
P 770-936-8998
F 770-936-8913

ORLANDO
6703 Mott Avenue
Orlando, FL 32810
P 407-291-7707
F 407-294-9813

BOCA RATON
1021 South Rogers Circle Bay #1
Boca Raton, FL 33487
P 561-241-1227
F 561-241-1228

WEST PALM BEACH
3866 Prospect Ave #8
West Palm Beach, FL 33419
P 561-818-1171

LOUISVILLE, KY
9505 Williamsburg Plaza, St 200
Louisville, KY 40222
P 407-852-8111
P 502-276-6411

Restoration Charges

Service Charges:

Truck.....	\$182.00	
Additional Men.....	\$ 65.00	per man
Weekend and After Hours Service.....	\$ 50.00	Additional
Holiday Service	\$100.00	Additional
Inspection Charge.....	\$ 50.00	Per Trip (P.M. \$100.00)
Water Extraction CAT (1).....	\$ 0.65	Per Sq. Ft. (Min. \$100.00)
Sewage Extraction CAT (2)	\$ 0.95	Per Sq. Ft. (Min. \$200.00)
Disengage Carpet.....	\$ 1.75	Per Sq. Yd.
Remove Wet Pad.....	\$ 0.45	Per Sq. Ft. (Min. \$ 75.00)
Remove Wet Carpet & Pad	\$ 0.60	Per Sq. Ft. (Min. \$100.00)
Remove Dry Carpet	\$ 0.35	Per Sq. Ft.
Apply Antimicrobial - Subfloor / Tile.....	\$ 0.18	Per Sq. Ft.
Apply Antimicrobial - Face Fiber	\$ 0.18	Per Sq. Ft.
Bio-Wash Floors	\$ 0.75	Per Sq. Ft.
Lift Carpet for Drying.....	\$ 0.35	Per Sq. Ft.
Antimicrobial Wet Fog.....		Per Cu. Ft.
Thermal Fogging.....	\$ 0.09	Per Cu. Ft.
Enzyme Wall Injection.....	\$ 8.00	Per Inject
Content Manipulation	\$ 65.00	Per Man Hour (Min. 1 Hr.)
Large Furniture Blocking	\$ 45.00	Per Room Min.
Door Removal.....	\$ 20.00	Per Door
Door Reset	\$ 20.00	Per Door
Baseboard Removal	\$ 1.25	Per Lin. Ft. (Min. \$125.00)

These charges are per application or per service, there may be several applications or services required if necessary.

Drying Equipment (3 Day Minimum Rental)

Air Movers.....	\$ 33.00	Per Unit Per Day
Turbo Vent Drying System.....	\$ 50.00	Per Unit Per Day
Injectadry Wall Dry System.....	\$125.00	Per Unit Per Day
Large Capacity Wall/Ceiling Drying Fan	\$145.00	Per Unit Per Day
Large Capacity Dehumidifier.....	\$145.00	Per Unit Per Day
Extra Large Capacity Dehumidifier	\$159.00	Per Unit Per Day
Ozone Machines.....		Dependent on Unit Size

Carpet Reinstallation

Reinstall/Stretch Carpet	\$ 3.50 -7.00	Per Sq. Yd. (Min. \$100.00)
Install New Seams.....	\$ 75.00	Per Seam
Remove & Reset Tack Strip.....	\$ 2.00	Per Lin. Ft.
Remove & Reset Gold Door Metal.....	\$ 20.00	Per Strip
Remove & Reset Z Bar	\$ 30.00	Per Strip
Carpet Clean.....	\$ 0.45	Per Sq. Ft.
Scotchguard Protector.....	\$ 0.30	Per Sq. Ft.
Upholstery Clean	\$ Per Sq. Ft.	Depending on Fiber
Apply Antimicrobial	\$ 0.18	Per Sq. Ft.
Final Clean.....	\$ 4.00	Per Sq. Ft.

**All prices are subject to change in the event of supply and demand, natural disaster, etc.

**The prices are not dictated by Xactimate software or any other industry standard software.

**Prices may vary due to the fact that most of the items listed are commodity based.



Emergency Services 24 Inc.

877.936.8998

- Georgia
- Alabama
- Louisiana
- The Caribbean
- Florida
- Mississippi
- Texas
- Kentucky

CBC # 057844

Total Reconstruction Contract For: Fire/Pipe Break, Wind/Toilet Overflow, Water Damage, Lightning, Vandalism

CONTRACT OF SERVICES, ASSIGNMENT OF BENEFITS, DIRECT PAYMENT AUTHORIZATION, AND HOLD HARMLESS AGREEMENT

Date of Loss: _____ Type Of Loss: _____ Today's Date: _____

Agreement: I, the Owner/Agent for the job site listed below, authorize EMERGENCY SERVICES 24, INC. (herein after sometimes referred to as "ES-24, Inc.") to enter my property, furnish materials, supply all equipment and perform all labor necessary to preserve and protect my property from further damage.

ASSIGNMENT OF INSURANCE BENEFITS AND DIRECT PAYMENT AUTHORIZATION: I hereby assign any and all insurance benefits and proceeds due under any applicable insurance policies to Emergency Services 24, Inc. for the work performed as a result of the abovementioned date of loss. I also authorize direct payment of any benefits or proceeds to Emergency Services 24, Inc. I make this assignment and authorization in consideration of Emergency Services 24, Inc's agreement to perform services and supply materials and otherwise perform its obligations under this contract, including not requiring full payment at the time of service. I believe the appropriate insurance carrier to be _____ I also hereby direct my insurance carrier(s) to release any and all information requested by Emergency Services 24, Inc., its representative, 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. In this regard, I waive my privacy rights. If payment is made directly to the Owner/Agent by an insurer, it shall be endorsed over to Emergency Services 24, Inc. within three business days. I agree that any portion of work, deductibles, betterment, depreciation or additional work requested by the undersigned, not covered by insurance, must be paid by the undersigned on or before its completion. I hereby appoint Emergency Services 24, Inc. as attorney in-fact for the limited purpose of authorizing Emergency Services 24, Inc. to endorse my name, and to deposit insurance checks or drafts for work performed by Emergency Services 24, Inc. and owed to Emergency Services 24, Inc. Payment is to be made within 15 days from the date of service and/or receipt of the invoice. Late charges of 1.5% monthly are charged to any and all unpaid balances. Emergency Services 24, Inc. shall be entitled to reimbursement for costs of collection (including reasonable attorney's fees and costs) of unpaid balances and for reasonable attorney's fees and costs for the breach of contract, or enforcement of any terms of this service agreement. The assignment and attorney in fact provisions will expire upon receipt of all monies due and owing, including but not limited to outstanding balance of any invoice, interest, and attorney's fees and costs if applicable.

AUTHORIZED ANTIMICROBIAL AGENTS: I understand that in the best judgment of Emergency Services 24, Inc., materials may be treated with a Commercial antimicrobial agent to inhibit the growth of micro-organisms during the drying process. I have received advanced notice of the use of antimicrobial and/or antimicrobial product as part of the restoration process. I understand that it is beyond the expertise of Emergency Services 24, Inc. to determine if someone is sensitive to its application and will hold Emergency Services 24, Inc. harmless for its use.

STOP WORK-HOLD HARMLESS: In the event Emergency Services 24, Inc. is not allowed to perform its recommended procedures and/or drying equipment is removed prematurely, I agree to release and hold Emergency Services 24, Inc. harmless, and indemnify Emergency Services 24, Inc. against all claims or actions that may result from such procedures.

MOLD and MILDEW DISCLAIMER: IT IS UNDERSTOOD AND AGREED THAT THE CONTRACTOR'S INSURER WILL BE HELD HARMLESS FOR ALLEGED OR ACTUAL DAMAGES/CLAIMS AS A RESULT OF MOLD, ALGAE OR FUNGUS. IT IS UNDERSTOOD THAT THE CONTRACTOR AND THE CONTRACTORS' INSURER WILL EXCLUDE ALL COVERAGE, INCLUDING DEFENSE, DAMAGES RELATED TO BODILY INJURY, PROPERTY DAMAGE AND CLEAN UP DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART FOR ANY ACTION BROUGHT BY MOLD, INCLUDING FUNGUS AND MILDEW REGARDLESS OF THE COSTS, EVENT, MATERIAL, PRODUCT OR WORKMANSHIP THAT MAY HAVE CONTRIBUTED CONCURRENTLY OR IN ANY SEQUENCE TO THE INJURY OR DAMAGE THAT OCCURS: _____ (CUSTOMER'S INITIALS)

PAYMENT MAY BE AVAILABLE FROM THE CONSTRUCTION INDUSTRIES RECOVERY FUND IF YOU LOSE MONEY ON A PROJECT PERFORMED UNDER CONTRACT. WHERE THE LOSS RESULTS FROM SPECIFIED VIOLATIONS OF FLORIDA LAW BY A STATE CLAIM, CONTACT THE FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD AT THE FOLLOWING TELEPHONE NUMBER AND ADDRESS:

CONSTRUCTION INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32111-7467
PHONE: 904-359-6310

I have read and understand the information above and have received a copy for my records.

Signature: _____ Date: _____
Owner/Agent: _____ Phone: _____
Address: _____ Claim #: _____
Insurance Company/Phone #: _____

State of Florida
County of _____

Sworn and subscribed to before me on this _____ day of _____, _____, or in the presence of _____ Notary Public

(Witness)

(Witness)

(NOTARY SEAL)

Restoration Charges

Service Charges:

Truck.....	\$182.00	
Additional Men.....	\$ 65.00	per man
Weekend and After Hours Service.....	\$ 50.00	Additional
Holiday Service	\$100.00	Additional
Inspection Charge	\$ 50.00	Per Trip (P.M. \$100.00)
Water Extraction CAT (1).....	\$ 0.65	Per Sq. Ft. (Min. \$100.00)
Sewage Extraction CAT (2)	\$ 0.95	Per Sq. Ft. (Min. \$200.00)
Disengage Carpet.....	\$ 1.75	Per Sq. Yd.
Remove Wet Pad.....	\$ 0.45	Per Sq. Ft. (Min. \$ 75.00)
Remove Wet Carpet & Pad	\$ 0.60	Per Sq. Ft. (Min. \$100.00)
Remove Dry Carpet	\$ 0.35	Per Sq. Ft.
Apply Antimicrobial - Subfloor / Tile.....	\$ 0.18	Per Sq. Ft.
Apply Antimicrobial - Face Fiber	\$ 0.18	Per Sq. Ft.
Bio-Wash Floors	\$ 0.75	Per Sq. Ft.
Lift Carpet for Drying.....	\$ 0.35	Per Sq. Ft.
Antimicrobial Wet Fog.....		Per Cu. Ft.
Thermal Fogging.....	\$ 0.09	Per Cu. Ft.
Enzyme Wall Injection.....	\$ 8.00	Per Inject
Content Manipulation	\$ 65.00	Per Man Hour (Min. 1 Hr.)
Large Furniture Blocking	\$ 45.00	Per Room Min.
Door Removal.....	\$ 20.00	Per Door
Door Reset	\$ 20.00	Per Door
Baseboard Removal	\$ 1.25	Per Lin. Ft. (Min. \$125.00)

These charges are per application or per service, there may be several applications or services required if necessary.

Drying Equipment (3 Day Minimum Rental)

Air Movers.....	\$ 33.00	Per Unit Per Day
Turbo Vent Drying System.....	\$ 50.00	Per Unit Per Day
Injectadry Wall Dry System.....	\$125.00	Per Unit Per Day
Large Capacity Wall/Ceiling Drying Fan	\$145.00	Per Unit Per Day
Large Capacity Dehumidifier.....	\$145.00	Per Unit Per Day
Extra Large Capacity Dehumidifier	\$159.00	Per Unit Per Day
Ozone Machines.....		Dependent on Unit Size

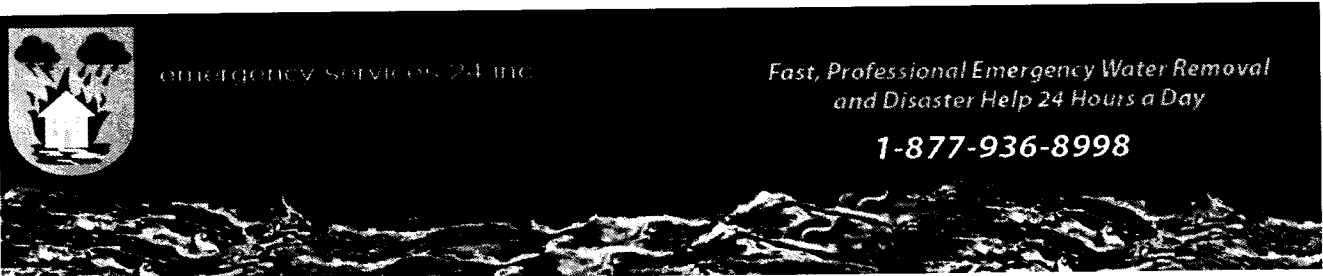
Carpet Reinstallation

Reinstall/Stretch Carpet	\$ 3.50 -7.00	Per Sq. Yd. (Min. \$100.00)
Install New Seams.....	\$ 75.00	Per Seam
Remove & Reset Tack Strip.....	\$ 2.00	Per Lin. Ft.
Remove & Reset Gold Door Metal.....	\$ 20.00	Per Strip
Remove & Reset Z Bar	\$ 30.00	Per Strip
Carpet Clean.....	\$ 0.45	Per Sq. Ft.
Scotchguard Protector.....	\$ 0.30	Per Sq. Ft.
Upholstery Clean	\$	Per Sq. Ft. Depending on Fiber
Apply Antimicrobial	\$ 0.18	Per Sq. Ft.
Final Clean.....	\$ 4.00	Per Sq. Ft.

**All prices are subject to change in the event of supply and demand, natural disaster, etc.

**The prices are not dictated by Xactimate software or any other industry standard software.

**Prices may vary due to the fact that most of the items listed are commodity based.



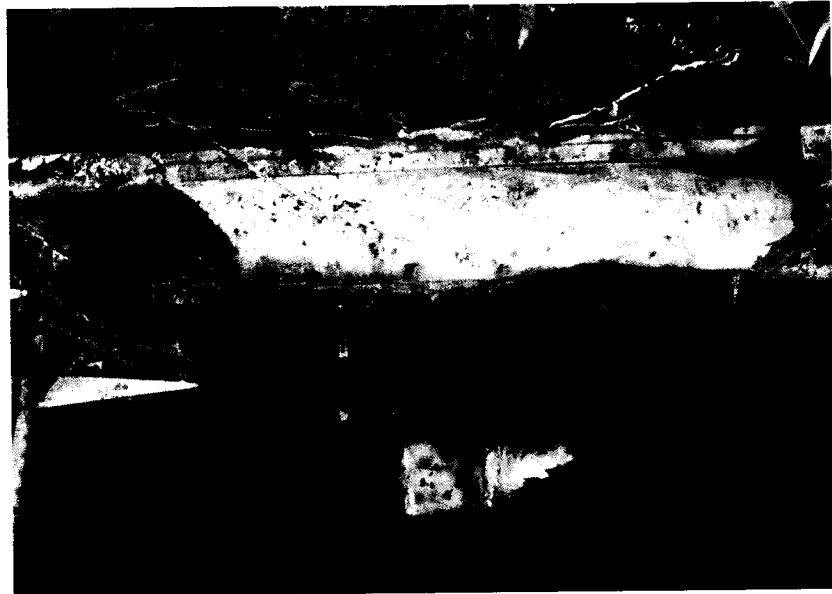
- HOME
- ABOUT US
- WATER REMOVAL SERVICES
- EMERGENCY PLUMBING
- ROOF LEAK REPAIRS
- MOLD REMOVAL
- BUSINESS SERVICES
- PHOTO GALLERY
- HOW TO PREVENT DAMAGE
- TESTIMONIALS
- CONTACT US
- 24 HOUR EMERGENCY LINE
- 1-877-936-8998**

Commercial Business Services

Fire & Smoke Cleanup, Mold Remediation, Water Removal, Emergency Plumbing, Emergency Tree Removal - Any Emergency Service !

Emergency Services 24 is there for you when you need it most! Our experienced professionals will arrive at your home or business QUICKLY to stop further damage to your premises.

Need assistance with Fire restoration? Emergency Services 24, Inc. is an industry leader in fire and smoke restoration. We represent you, the consumer, and handle the insurance claims and adjusters on your behalf. Fire damage can be one of the most devastating losses to most property owners. Emergency Services 24, Inc. understands that, and we work for you towards complete restoration. We respond 24-7 and take the emergency steps to reduce your losses and coordinate the cleaning and restoration.

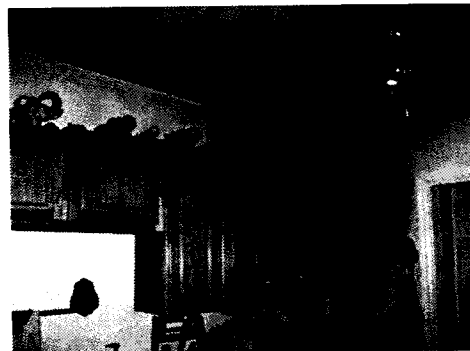


Fire Damage Restoration

Experiencing a fire in your home or office is devastating. When you need restoration following a fire and the removal of smoke and soot from your home or office, you are faced with a very complex task that should only be performed by a professional fire damage restoration company. Emergency Service 24, Inc.'s fire damage restoration and smoke removal services can help you repair damage caused by fire and smoke and restore your building to new condition.

Fire Cleanup, Smoke & Soot Removal

After a fire, there are toxic gases released from the burning of construction materials. These gases are dangerous to your health and appear when a building experiences fire damage. Emergency Services 24, Inc.'s professionals are qualified to remove hazardous materials and odors.



Fire Restoration Company

It is important to hire an experienced fire restoration company to professionally restore your belongings and remove harmful chemicals from the building. Emergency Services 24, Inc. will help bring your home or commercial property back to good condition after fire or water damage. Our trained professionals will also handle your fire damage insurance claim, so you don't have to.

\$250 OFF ANY SERVICE

Mention Code LR88 To Receive \$250 Off. Call for Details Now

1-877-936-8998

Don't Lose This Important Info! Download a Water Damage Checklist Now and File for Future Reference. BE PREPARED!



Emergency Services 24, Inc.
Serving the Southeast

Emergency Water Removal - Leak Detection - Emergency Roofers - Emergency Plumbers - Emergency Storm Repairs
24 Hours a Day - 7 Days a Week

877-936-8998



- purewaterdamage24.com
- purewetdamage24.com
- pureaquadamage24.com
- bluewaterdamage24.com
- bluewetdamage24.com
- damagecost.com **\$1,888**
- floridawaterwell.com **\$1,399**
- damage.biz **\$2,800**

[View more](#)

Add Selected to Cart

waterdamage24.com

Is this your domain name? [Renew it now.](#)



BOOKMARK

Current Registrar: GODADDY.COM, LLC
IP Address: [72.167.131.127](#) (ARIN & RIPE IP search)
Lock Status: clientDeleteProhibited

The data contained in GoDaddy.com, LLC's WhoIs database, while believed by the company to be reliable, is provided "as is" with no guarantee or warranties regarding its accuracy. This information is provided for the sole purpose of assisting you in obtaining information about domain name registration records. Any use of this data for any other purpose is expressly forbidden with permission of GoDaddy.com, LLC. By submitting an inquiry, you agree to these terms of usage and limitations of warranty. In part you agree not to use this data to allow, enable, or otherwise make possible dissemination or collection of this data, in part or in its entirety, for any purpose, such as the transmission of unsolicited advertising and solicitations of any kind, including spam. You further agree not to use this data to enable high volume, automated or robotic electronic processes designed to collect or compile this data for any purpose, including mining this data for your own personal or commercial purposes.

Please note: the registrant of the domain name is specified in the "registrant" field. In most cases, GoDaddy.com, LLC is not the registrant of domain names listed in this database.

Registrant:
 emergency insurance restoration services
 6703 mott ave

orlando, Florida 32810
United States

Registered through: Go Daddy
Domain Name: WATERDAMAGE24.COM
Created on: 08-Sep-08
Expires on: 08-Sep-13
Last Updated on: 22-Jun-11

Administrative Contact:
bass, micah mbass1221@hotmail.com
emergency insurance restoration services
6703 mott ave
orlando, Florida 32810
United States
+1.4073836385 Fax --

Technical Contact:
bass, micah mbass1221@hotmail.com
emergency insurance restoration services
6703 mott ave
orlando, Florida 32810
United States
(407) 383-6385 Fax --

Domain servers in listed order:
NS51.DOMAINCONTROL.COM
NS52.DOMAINCONTROL.COM

The previous information has been obtained either directly from the registrant or a registrar of the domain name other than Network Solutions. Network Solutions, therefore, does not guarantee its accuracy or completeness.

[Show underlying registry data for this record](#)



Make an instant, anonymous offer to the current domain registrant. [Learn More](#)

Make Offer



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

February 24, 2012

Insurance Network Services, Inc.
Robert Clark, FCLS
2300 Maitland Center Parkway, Suite 250
Maitland, FL 32751

RE: Subject Name: Emergency Services 24, Inc.
Case No. CS21776/CA35960

Dear Mr. Clark:

This letter will serve to update you on the status of your complaint against the above referenced agent. The Bureau of Investigation has completed its investigation of your complaint, and our investigative file has been submitted to Tallahassee for legal review.

The purpose of the review process is to determine whether, after investigation, sufficient evidence and legal basis exists to take formal disciplinary action against the agent. In order for the Department to take formal action against the agent, it must be able to prove the allegations by "clear and convincing evidence". The clear and convincing standard of proof can often be difficult to meet, and the agent, if charged, is entitled to a formal hearing before a State Administrative Law Judge. Because of the standard of proof required in administrative disciplinary cases, the Department is not able to file charges in every case it investigates. However, you can be assured that this case will be thoroughly analyzed to determine whether sufficient grounds exist to take disciplinary action.

The Bureau appreciates the assistance you have given in this case. We may require your further assistance, if a hearing is held. Therefore, please contact our office as soon as possible should you have a change of address or telephone number. Please call if you have any questions.

Sincerely,

Jose A. Flores
Special Investigator

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Jose A. Flores • Special Investigator
Division of Agent and Agency Services • Bureau of Investigation
400 W. Robinson Street, Suite N-401 • Orlando, FL 32801-1752 • Tel. 407-835-4439 • Fax 407-481-5664
Email • Jose.Flores@myfloridacfo.com
Affirmative Action • Equal Opportunity Employer



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

FILED

SEP 5 2012

Docketed by HR

IN THE MATTER OF:

CASE NO.: 124209-12-AG

EMERGENCY SERVICES 24, INC.
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration and final agency action. Upon consideration of the record, including the Settlement Stipulation for Consent Order dated August 8, 2012, and being otherwise fully advised in the premises, the Chief Financial Officer finds:

1. The Chief Financial Officer, as agency head of the Florida Department of Financial Services ("Department"), has jurisdiction over the subject matter of this case and the parties.

2. The entry of this Consent Order and compliance herewith by EMERGENCY SERVICES 24, INC. ("Respondent"), shall conclude the administrative proceeding of Case No. 124209-12-AG before the Department.

IT IS THEREFORE ORDERED:

(a) The Settlement Stipulation for Consent Order dated August 8, 2012, and attached hereto as "Exhibit A", is hereby approved and fully incorporated herein by reference.

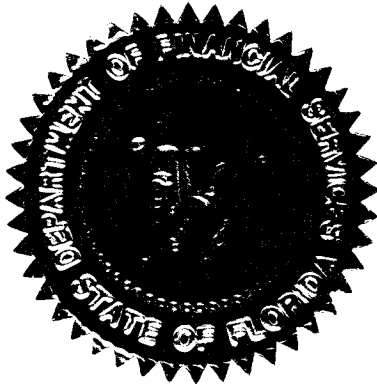
(b) Respondent shall CEASE AND DESIST FROM:


(1) Advertising themselves as a public adjuster.

- (2) Holding themselves out as a public adjuster.
- (3) Acting as a public adjuster.
- (4) Preparing, completing, or filing an insurance claim form or forms for an insured or third-party claimant.
- (5) Initiating settlement negotiations for loss or damage covered by an insurance contract.
- (6) Engaging in claims handling.
- (7) Entering into an agreement, or contract, proposal, or similar document, with clients that grant the Respondents authority over the client's insurance claim or insurance-related matters.
- (8) Using the following, or similar phrases on websites and advertisements: "We represent you, the consumer, and handle the insurance claims and adjusters on your behalf."
- (9) Routinely requesting from the insurer a copy of the insured's policy, declaration page stating policy limits, and a statement of policy or coverage defense available to the insurer.

(c) If the Department discovers that Respondent, subsequent to the entry of this Consent order, has engaged in any of the prohibited acts specified in paragraphs (b)(1) through (b)(9) of this Consent Order, Respondent acknowledges that such conduct would represent a violation of the Settlement Stipulation for Consent Order and this Consent Order, including the cease and desist provisions contained herein, and that Respondent would be subject to the provisions of Section 626.9601, including the imposition of a fine in the amount of up to \$50,000.

DONE and ORDERED this 5th day of September, 2012.





Gregory Thomas
Director, Agent & Agency Services

Copies Furnished To:

EMERGENCY SERVICES 24, INC.
6703 Mott Ave
Orlando, FL 32810

PHILIP M. FOUNTAIN, ASSISTANT DIRECTOR
Division of Agent & Agency Services
200 East Gaines Street
Tallahassee, Florida 32399-0320

TOD STUPSKI
Division of Legal Services
200 East Gaines Street
Tallahassee, Florida 32399-0333



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

IN THE MATTER OF:

DFS Case No.: 124209-12-AG

EMERGENCY SERVICES 24, INC.

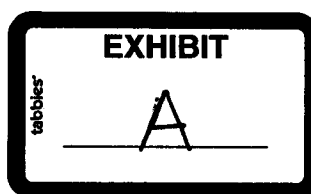
SETTLEMENT STIPULATION FOR CONSENT ORDER

IT IS AGREED and STIPULATED by and between EMERGENCY SERVICES 24, INC. and their employees ("Respondent"), and the Department of Financial Services ("Department"), that:

1. Respondent is not licensed as a public adjuster, and does not hold any other licenses issued under or pursuant to the Florida Insurance Code. At all times relevant to the dates and occurrences referred to herein, Respondent did not hold a public adjuster license, or any other licenses issued under or pursuant to the Florida Insurance Code.

2. Pursuant to Chapter 626, Florida Statutes, the Department has jurisdiction over the subject matter of this proceeding.

3. On January 5, 2012, the Department initiated an investigation of the Respondent to determine whether the Respondent was acting as a public adjuster without a license. The Department alleges that the Respondent was acting as a public adjuster without a license. In order to avoid formal litigation of this matter, Respondent has determined that it is in his best interests to enter into this Settlement Stipulation for Consent Order.



4. Respondent voluntarily waives the right to a hearing in this matter and voluntarily enters into this Settlement Stipulation for Consent Order.

5. By entering into this Settlement Stipulation for Consent Order, the filing of a Consent Order in this case, and satisfying the administrative sanctions set forth therein, Respondent and the Department intend to and do resolve all issues pertaining to this administrative matter as outlined in paragraph three (3) above.

6. No party will appeal this Settlement Stipulation for Consent Order or the Consent Order to be issued in this case, and the parties specifically waive notice of the right to appeal as required by Section 120.569(1), Florida Statutes.

7. This document, and the resulting Consent Order, are public records and contain information that is routinely published and disclosed by the Department.

8. Each party to this proceeding shall bear its own costs and attorney's fees.

9. This Settlement Stipulation for Consent Order is subject to the approval of the Chief Financial Officer or his designee. Upon his or his designee's approval, and without further notice, the Chief Financial Officer or his designee may issue a Consent Order providing for the following:

(a) Incorporation by reference of all of the terms and conditions of this Settlement Stipulation for Consent Order.

(b) Respondent shall CEASE AND DESIST from:

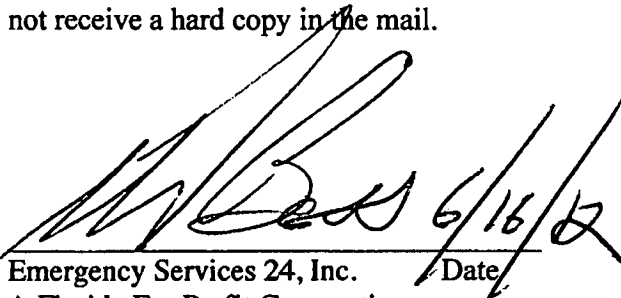
- (1) Advertising themselves as a public adjuster.
- (2) Holding themselves out as a public adjuster.
- (3) Acting as a public adjuster.

- (4) Preparing, completing, or filing an insurance claim form or forms for an insured or third-party claimant.
- (5) Initiating settlement negotiations for loss or damage covered by an insurance contract.
- (6) Engaging in claims handling.
- (7) Entering into an agreement, or contract, proposal, or similar document, with clients that grant the Respondents authority over the client's insurance claim or insurance-related matters.
- (8) Using the following, or similar phrases on websites and advertisements:
"We represent you, the consumer, and handle the insurance claims and adjusters on your behalf."
- (9) Routinely requesting from the insurer a copy of the insured's policy, declaration page stating policy limits, and a statement of policy or coverage defense available to the insurer.

10. If the Department discovers that Respondent, subsequent to the entry of the Consent Order in this case, has engaged in any of the prohibited acts specified in paragraphs 9(b)(1) through 9(b)(9) of this Settlement Stipulation for Consent Order, Respondent acknowledge that such conduct would represent a violation of this Settlement Stipulation for Consent Order and the Consent Order to be issued in this case, including the cease and desist provisions contained herein, and that Respondent would be subject to the provisions of Section 626.9601, including the imposition of a fine in the amount of up to \$50,000.

11. Respondent certifies that the address following his signature below is a valid address at which Respondent will receive the Consent Order when mailed to that address.

12. The Respondent agrees that the Consent Order herein may be sent to the Respondent via the e-mail address below the Respondent's signature and that Respondent will not receive a hard copy in the mail.



Date

Emergency Services 24, Inc.
A Florida For Profit Corporation
By: M.D. Bass
ITS: President
mbass@waterdamage24.com
President Emergency Services 24, Inc.
6703 Mott Avenue
Orlando, Florida 32810



Date

Tod Stupski
Senior Attorney
Division of Legal Services
200 East Gaines Street
Larson Building, Suite 624
Tallahassee, Florida 32399-0333

Attorney for the Department