

PUBLIC ADJUSTER CONTRACT

I/We, _____ (the "Insured"), hereby retain
_____ your company name _____ to be my/our agent and representative to
assist in the _____ list services to be provided _____
of my _____ claim for loss and damages caused
by _____ which occurred on _____,
20____ at approximately _____ am/pm at
_____, in the City of
_____.

In full and complete consideration for the services outlined in this contract, the Insured agrees to pay and assign to company name fee percent (____%) of all sums recovered by adjustment settlement pursuant to the insurance contract.

If the insurer, not later than 5 business days after the date on which the loss is reported to the insurer, either pays or commits in writing to pay the Insured the policy limit of the insurance policy, company name shall not receive a commission consisting of a percentage of the total amount paid by an insurer to resolve a claim, and be entitled only to reasonable compensation from the Insured for services provided by company name on behalf of the Insured, based on the time spent on a claim and expenses incurred by the public adjuster, until the claim is paid or the Insured receives a written commitment to pay from the insurer.

Company name and Adjuster name attest that they are fully bonded in accordance with Illinois State Law.

At the option of the Insured, this contract shall be voidable for 5 business days after execution. The Insured may void the contract by notifying company name in writing, by either registered or certified mail, return receipt requested, to the address shown on this contract, or by personally serving notice on company name. If the Insured cancels this contract, company name shall return anything of value given to company name by the Insured, within fifteen (15) days of receipt of the cancellation notice.

Your form info here

If the claim relates to fire damage and the Insured, within 5 days after the fire, makes an agreement with any other person to represent him in his claim for damages caused by that fire may, within a 10 day period after the execution of such agreement, the Insured may elect to avoid this agreement by notifying company name in writing of such election by registered or certified mail, return receipt requested.

This written contract shall constitute the entire agreement between company name and the Insured.

This Public Adjuster Contract has been received and executed by:

Accepted / Insured Signature

Insured Contract Date/Time

Print Name

Address

City/State/ Zip

Phone #

Insurance Company

Policy #

Accepted / Adjuster Signature

Adjuster Contract Date/Time

Print Name

License #

Address

City/State/Zip

Phone #

By:

Its:
Licensed Public Adjusting Firm
Illinois License