



All-Line Public Insurance Adjusters. Floridaa Licensed and Bonded

AGREEMENT FOR INSURANCE CLAIM REPRESENTATION

Date: _____

Insurance Company: _____

Policy / Claim Number: _____

I / We _____, hereby retain CLAIMSPRO U.S.A., to be my / our representative to evaluate, advise, appraise and assist in the adjustment of the loss caused by _____, on or about _____, Located at _____, City _____, State _____ Zip Code _____. This agreement is for the insurance policy issued by _____ policy # _____.

It is hereby agreed that CLAIMSPRO U.S.A. will be compensated ____% (_____) of all the funds recovered from the above date loss, regardless of whether the settlement is reached by adjusting, appraisal, mediation or otherwise. The named insured is responsible for payment to CLAIMSPRO U.S.A. within seven (7) days of receiving payment(s) issued from the insurance carrier. Payment is due to CLAIMSPRO U.S.A. regardless of whether or not we are named payee on the insurance payment(s) issued for the above mentioned claim. If applicable, the insured shall be liable for any additional expense which may include but not limited to: engineering fees, outside appraiser fees, umpire fees. Any additional cost will be discussed with the insured prior to being incurred.

CLAIMSPRO U.S.A. and its agents agree to dicuss any and all settlement offers from the carrier with the policy holder before a final settlement is accepted. The policy holder authorizes the carrier to include the name CLAIMSPRO U.S.A. on any/and all drafts related to the above loss.

The right to cancel this contract is reserved by the policy holder for 3 days. Written notice of the cancellation must be post marked within the above time frame, and mailed to CLAIMSPRO U.S.A. via Certified Mail, return receipt requested, or other form of mail which provides proof thereof to the below mentioned address.

Public Adjuster's Signature

Printed name and License #

Insured's Signature

Date

Printed name of insured

“Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any ibsurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost of repair of damaged property in support of claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, 's. 775.083, or s. 775.084, Florida Statutes.”