

to evaluate, advise and assist in the complete adjustment of the loss located at:

Authorized by the State of Florida and the Dept. of Insurance

STANDARD CONTINGENCY FEE CONTRACT

Type of Claim:

____Non Emergency Claim

_____Emergency Claim

____Supplemental Claim

I/We_

hereby retains Lucky 13 Public Adjusters, LLC., a Florida corporation, to be my/our agent and representative under my/our insurance contract with______

Insurance Company

Policy Number: ____

Address, City, State, Zip

caused by _________. In consideration for the above stated services the insured hereby assigns and agrees to pay Lucky 13 Public Adjusters, LLC _________ (percent) of the entire amount of proceeds collected as insurance benefits for said loss, including monies paid as extra contractual damages, that are recovered through the adjustment or otherwise from the aforementioned insurance company. This agreement does not include the bringing of a lawsuit or appraisal under the policy. In the event any litigation or arbitration arises relating to this agreement, the prevailing party shall be entitled to recover attorney fees and court cost incurred, including those or any appellate proceedings. This Agreement shall be governed by the law of the State of Florida. In the event that any provision or clause of this Agreement conflicts with applicable law, such conflict shall not affect other provisions of this Agreement which can be given effect without the conflicting provisions. To this end the provisions of this Agreement are declared to be severable. The insured acknowledges and agrees that a portion of the recovery from any insurance company has been assigned to Lucky 13 Public Adjusters, LLC. Accordingly, the insured hereby instructs and authorizes all mortgagees to disburse payment to Lucky 13 Public Adjusters, LLC in accordance with this contract. In the event payment is not disbursed by mortgagee to Lucky 13 Public Adjusters, LLC in its attempt to collect its entire fee. Cancellation of Contract:

You, the "insured" may cancel this contract for any reason without penalty or obligation to you within 10 days after the date of this contract by providing notice to Lucky 13 Public Adjusters, LLC, submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof thereof, at the address specified in the contract.

Expenses:

If there are any costs to be reimbursed to Lucky 13 Public Adjusters, LLC for expenses incurred on behalf of the Insured, the costs shall be specified in an addendum to this contract. The Insured hereby grants permission to the PA to retain on behalf of the Insured the professional services of appraisers, estimators, engineers and other experts reasonably needed in the opinion of the PA to assist in this matter.

Fraud Statement:

"Pursuant to s.<u>817.234</u>, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of 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.<u>775.082</u>, 's. <u>775.083</u>, or s. <u>775.084</u>, Florida Statutes."

Adjuster Name	Insured or Representative	Phone	Date
Adjuster Signature	Insured or Representative	Phone	Date
Adjusters License number	Insured or Representative	Phone	Date