

Skyline Public Adjusters, LLC
941 W. Morse Blvd, Ste 100 Winter Park, FL 32789
(800) 590-7293
claims@sklineadjusters.com
Skyline License No: W818473

Jeffrey S. Major
C: 215-350-0101
License No: E138561

SAMPLE ONLY

FLORIDA PUBLIC ADJUSTING CONTRACT

Contract Date: October 1, 2022

Insured Name: XYZ Condominium

Insured Loss Location: 543 House Rd, FL

Insured Mailing Address: 987 Drive Rd., FL

Insured Phone: 800-111-1234

Insurance Company: ABC Insurance Company

Date of Loss: 09/28/22

Policy No.: ABC123

Brief Description of Loss: Damage from Hurricane Ian

Type of Loss: Emergency Non-Emergency Supplemental

PUBLIC ADJUSTER AGREEMENT - The undersigned insured (Insured) hereby engages Jeffrey S. Major of Skyline Public Adjusters LLC (Public Adjuster) to act or aid in the preparation, presentation, adjustment and negotiation of, or effecting the settlement of the claim(s) for the property loss or damage by Hurricane Ian sustained at the Insured Property on Date of Loss indicated above. The Insured agrees to pay the Public Adjuster for such services a fee of Ten Percent (10 %) of the amount of the loss including salvage when adjusted or otherwise recovered in excess of the applied deductible, from the insurance company or companies involved whether collected by the insured, the Public Adjuster, a Lawyer or Third Party through adjustment, appraisal or litigation.

A Public Adjuster may not charge more than 10% in the event of a catastrophe for these services. In the event that this is a Supplemental Claim, no more than 20%, of the amount of the loss including salvage when adjusted or otherwise recovered from the insurance company or companies involved may be charged. Should this Supplemental Claim arise from an event that was the subject of a declaration of a state of emergency by the Governor of the State of Florida, and should this Supplemental Claim be filed within 1 year of the declaration of that state of emergency, this fee will be reduced to 10% in compliance with Florida Law.

The insured further guarantees the reimbursement of any expenses, including but not limited to expert or consultant fees, incurred by Public Adjuster in furtherance of this agreement. This includes but is not limited to the following third-party experts which may be needed in the presentation and recovery of your claim such as engineers, certified industrial hygienists, and similar. Public Adjuster or any of any of their adjusters or employees will not engage any such experts or consultants without seeking *prior written authorization* and consent from the insured agreeing to any fees that may be owed to such third-party experts. You have the right as an insured to not authorize any recommended third-party experts.

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The Insured further agrees to provide the Public Adjuster with access to: (i) the Insured Property within 48 hours of a request for access if a residential property; (ii) copies of all communications between Insured and Insurance Carrier related to the property loss; and (iii) any other documents, records, communications, receipts, or information that may be reasonably necessary to adjust the property insurance claim. Insured represents and warrants that all named insureds for the damaged property are signatories to this contract. If commercial, the signer for the Insured represents and warrants that they have authority to execute on behalf of the named insured on the policy.

NOTICE TO INSURED:

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 JEFFREY S. MAJOR OF SKYLINE 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.

NOTICE TO INSURED: Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive an insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains 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.

Jeffrey S. Major of Skyline Public Adjusters LLC

Signature: _____ Date: _____ Public Adjuster

Named Insured(s):

Signature _____ Name Printed _____ Date _____

Signature _____ Name Printed _____ Date _____

Signature _____ Name Printed _____ Date _____

Contact Address: _____
Street City State Zip

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Date of Contract: _____

Notice of Cancellation

You may cancel this Contract within Ten (10) business days from the above Date of Contract, or within three days after you notified the insurance company of your claim, whichever comes later, without any penalty or obligation to pay your public adjuster, other than for reimbursement of monies paid by Insured's public adjuster for out-of-pocket expenses for you or on your behalf. If your public adjuster seeks reimbursement from Insured for out-of-pocket emergency expenses, your public adjuster shall provide Insured with an itemized statement of these emergency expenses advanced to Insured or on Insured's behalf if the cancellation is made within the first ten business days after the contract was initiated. Nothing in this contract permits the public adjuster to recover any costs, except for out-of-pocket emergency expenses advanced to Insured.

If you cancel, any money or other consideration paid by you will be returned within five business days following the receipt of your cancellation notice, and any security interest arising out of the transaction will be canceled.

To cancel this contract, mail or deliver by certified mail, return receipt requested, or other form of mailing which provides proof of mailing, a signed and dated copy of this cancellation notice, or any other written notice to:

Jeffrey S. Major
Skyline Public Adjusters LLC
One World Trade Center, FL 85
New York, NY 10007
claims@skylineadjusters.com

By no later than midnight on _____.

Please do not sign the below line unless you intend to cancel this contract.

I hereby cancel this contract _____, on _____.
Insured Signature Date

Please initial here, acknowledging receipt of the "Notice of Cancellation" _____.