



**InsuranceBusters.net**

4008 Broadway  
Galveston, TX 77550  
877.41.2BUST Toll-free  
877.661.BUST Espanol  
409.539.5188 Office  
409.539.5184 Fax

To: **InsuranceBusters.net**

Fax number: **409.539.5184**

From:

Fax number:

Date:

Regarding:

Phone number for follow-up:

**So that we may provide you with the best possible service, InsuranceBusters.net has assembled the following checklist for you. Please include the following before faxing to our office.**

- Name** \_\_\_\_\_
  - Phone** \_\_\_\_\_
  - Email Address** \_\_\_\_\_
  - Declaration Page**
  - Insurance estimate for damage and/or Payments**
  - Notice to Insurance Company (please fill-in and sign)**
  - InsuranceBusters.net Contract (please fill-in and sign)**
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# InsuranceBusters.net

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Corporate Office  
4008 Broadway  
Galveston, TX 77550  
English 877-41-2BUST  
Espanol 877-611-BUST  
Fax 409-539-5184  
Email: [info@insurancebusters.net](mailto:info@insurancebusters.net)  
Website: [www.insurancebusters.net](http://www.insurancebusters.net)

## NOTICE TO INSURANCE COMPANY

InsuranceBusters.net or their representative is hereby retained to advise and assist in the adjustment of the insurance claim arising from loss by \_\_\_\_\_ which occurred on the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

The insured, \_\_\_\_\_ Claim# \_\_\_\_\_, located at \_\_\_\_\_, OK \_\_\_\_\_, agrees to pay for such services upon payment of the claim by the insurance company in settlement of this loss and necessary expenses. The insured also authorizes InsuranceBusters.net to receive all information pertaining to this claim including policy, claim check and all pertinent information. Send notice of acknowledgement via fax or mail to InsuranceBusters.net. You are hereby requested to provide InsuranceBusters.net with a copy of all pertinent information on this claim.

Please include InsuranceBusters.net, in addition to the insured's name, on all drafts or checks pertaining to this loss.

The insured acknowledges receipt of a copy of the Public Adjusters Contract.

Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Public Adjuster: \_\_\_\_\_ Date: \_\_\_\_\_

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## PUBLIC ADJUSTERS CONTRACT

InsuranceBusters.net or their representative is hereby retained to advise and assist in the adjustment of the insurance claim arising from loss by \_\_\_\_\_ which occurred on the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

The insured, \_\_\_\_\_, claim # \_\_\_\_\_, located at \_\_\_\_\_ in \_\_\_\_\_, OK \_\_\_\_\_, agrees to pay for such services a contingent fee of 10% of the amount paid by the insurance companies in settlement of this loss and necessary expenses. The fee of 10% of full claim amount shall be due upon acceptance and approval of insurance company.

Please include InsuranceBusters.net, in addition to the insured's name, on all drafts or checks pertaining to this loss.

The insured acknowledges receipt of a copy of the Public Adjusters Contract.

INSURED

Insured \_\_\_\_\_ Date: \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**NOTICE: THE INSURED MAY CANCEL THIS CONTRACT BY WRITTEN NOTICE TO THE PUBLIC INSURANCE ADJUSTER WITHIN 72 HOURS OF SIGNATURE FOR ANY REASON. WE REPRESENT THE INSURED ONLY. YOU ARE ENTERING INTO A SERVICE CONTRACT. YOU ARE BEING CHARGED A 10% FEE FOR THIS SERVICE. YOU DO NOT HAVE TO ENTER INTO THIS CONTRACT TO MAKE A CLAIM FOR LOSS OR DAMAGE ON A POLICY OF INSURANCE.**

**You, the insured, may cancel this contract at any time prior to midnight of the third calendar day after the date of this contract. If you exercise your right to cancel this contract, you will remain liable to and for reasonable and necessary emergency out-of pocket expenses or services which were paid for or incurred by the public adjuster during the said three day period to protect the interest of the Insured.**

**IMPORTANT NOTICE: You may contact the Oklahoma Department of Insurance to obtain information on public insurance adjusters, your rights and complaints or you may write the Oklahoma Department of Insurance.**

**ADVISOR IMPORTANTE: Puede comunicarse con el Oklahoma Departamento de Seguros de Oklahoma para obtener informacion acerca ajustes publicos de seguros, o sus derechos o quejas o puede escribir al Departamento de Seguros.**

**NOTICE OF RIGHT TO CANCEL**

**Date:** \_\_\_\_\_

**Insured:** \_\_\_\_\_