

InsuranceBusters.net

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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 _____, 20__.

The insured, _____, claim # _____, located at _____ in _____, TX _____, 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. If for any reason you, the insured, decide to withdraw from this contract and more money is due from the insurer, then you are liable to pay InsuranceBusters.net for monies owed based on the Insurancebusters.net estimate.

The insured authorizes and directs the insurer to include InsuranceBusters.net, in addition to the insured's name on all drafts or checks pertaining to this claim.

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

INSURED

Insured _____ Date: _____

Phone _____ Alt. Phone _____



User Name: _____



User Name _____

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 at: or you may write the OKLAHOMA INSURANCE DEPARTMENT, Five Corporate Plaza, 3625 NW 56th, STE 100 Oklahoma City, OK 73112.

NOTICE OF RIGHT TO CANCEL

Date: _____

Insured: _____