



Public Adjuster Contract & Letter of Representation

WE REPRESENT THE INSURED ONLY

The undersigned (the Insured) hereby retains the undersigned Public Insurance Adjuster, Your Local Claims Advocate Corp. (the PA) to be the Insured's representative in the adjustment of the below referenced loss under the following

Your Local Claims Advocate will provide the following services, if applicable, for your residential and/or commercial property, personal and/or business property, and/or loss of use and/or income relating to the claim: evaluate your existing insurance policy in order to determine what coverage may be applicable; research, detail, and substantiate damage to buildings and/or contents and any additional expenses if applicable; evaluate business interruption losses and extra expense claims for businesses, if applicable; determine reasonable values for settling covered damages using standard industry practices; prepare, document and support the claim on behalf of the insured to the best of our knowledge and ability; negotiate all settlements with the insurance company on behalf of an insured, with acceptance of the final settlement agreements by the insured; Re-open a claim and negotiate for more money if a discrepancy is found after the claim has been settled; present recommendations to you on an offer for settlement.

If no recovery is made, the Insured will not be indebted to the PA for any sum of fees.

The Insured hereby agrees to pay to the PA an amount equal to 10% (Ten percent) of the gross amount of the collected loss or damage recovered (Replacement Cost Value) whether the loss is settled or paid by the insurance company or by reason of the above referenced policy as a result of adjustment, mediation, appraisal, arbitration, lawsuit or otherwise, on all coverage applicable under the referenced policy or any other applicable policy, including, without limitation, claims for bad faith and extra contractual damages or loss (hereafter referred to as the "PA fee")

The Insured hereby authorizes the PA to contact the below named insurance company to direct them to include the name of Your Local Claims Advocate, as a payee on any and all insurance proceeds checks issued by reason of the above referenced loss. This provision shall remain in full force and effect unless revoked by mutual written agreement of the insured and PA. The insured authorizes and instructs insurer to deliver all insurance proceed checks to the PO Box of Your Local Claims Advocate Co.

Payment to the PA shall be due and payable at the time that insurance proceeds are paid or issued by the insurance company. In consideration for the PA's professional services, the Insured by this agreement hereby irrevocably assigns to the PA, and the PA shall have a lien on, the portion of the insurance proceeds paid or payable sufficient to pay the amount due the PA under the agreement. In the event legal proceedings are brought by the PA to enforce this agreement, the prevailing party shall be entitled to recover its court costs and reasonable attorney's fees, including any appellate proceedings.

This contract may be canceled by written notification to the PA, sent by certified mail, return receipt requested or other form of mailing which provides proof thereof, at any time within three (3) business days of the date the contract was signed, as shown above, and the Insured shall not be obligated to pay any fees to the PA, for the work performed during that time. If the PA has advanced funds or has made payments on behalf of the Insured to others, in representation of the insured, the PA is entitled to be reimbursed for such amounts as it has reasonably advanced on behalf of the Insured. If this contract is canceled by the Insured after three (3) business days, then the PA shall have a lien for the value of the work performed and costs advanced. Furthermore, the PA will not be held liable in any way for any filed claims on the property which were canceled by the Insured. If the insured exercises the right to rescind the contract, anything of value given by the insured under the contract will be returned to the insured within business days following the receipt by the public adjuster of the cancellation notice.

The Insured hereby authorizes the PA to hire the professional services of appraisers, umpires, estimators, engineers, and any other experts as may be deemed necessary by the PA. Any costs associated with said claims recovery will be reimbursed to the PA. The Insured must consent to the cost prior to the PA hiring said professional(s).

The Insured understands that it is responsible to pay the PA its fee, out of any and all insurance proceeds, prior to any payments to anyone else, including but not limited to mortgage companies, insurance companies, lenders, creditors, or any third parties, of any kind, or any other individual or corporation. The Insured hereby agrees that the Insured is solely responsible to timely obtain any and all necessary mortgage endorsements of said payments/checks so as to release payments to the PA. The PA shall in no event be obligated to conform to mortgage company requirements, in order to receive agreed to fee payments, and or out of pocket reimbursements.

The Insured acknowledges that the PA has made no guarantees regarding the disposition or results of any stage of the claims process and all expressions made on behalf of the PA are the opinion of the PA based on information known at that time. The Insured holds harmless the PA in the circumstance of undesirable claim outcome due to misinformation or lack of information provided or being able to retrieve by the PA. This includes policies such as ACV or RPS. The Insured understands that prior to initiating any contact with the insured's insurer, the insurer's adjuster, or the insurer's attorney regarding settlement of the insured's claim, a PA must provide the insurer a notification letter signed by the insured confirming that the insured has authorized the IA to communicate directly with the insurer, the insurer's adjuster, or the insurer's attorney on behalf of the insured. This document will serve as a notification letter signed by the insured confirming that the insured has authorized the PA to communicate directly with the insurer, the insurer's adjuster, or the insurer's attorney on behalf of the insured. All communications, correspondences, checks, and/or drafts must be addressed and sent to Your Local Claims Advocate, 1460 Laurel River Trail, Lawrenceville, GA 30043 and a copy sent to the Policyholder. All verbal and e-mail correspondences must include both the policy holder and Your Local Claims Advocate representative listed below.

The public adjuster has no direct or indirect interest in the claim to be adjusted except for the consideration for public adjuster services as required by C.G.A. 88 33-23-43.2(6)

If no recovery is made, the Insured will not be indebted to the PA for any sum of fees.

The Insured hereby agrees to pay to the PA an amount equal to 10% (Ten percent) of the gross amount of the collected loss or damage recovered (RCV). This applies to claims settled by any of the following methods: settled or paid by the insurance company, by result of adjustment, mediation, appraisal, arbitration, lawsuit or otherwise, on all coverage applicable under the referenced policy or any other applicable policy, including, without limitation, claims for bad faith and extra contractual damages or loss hereafter referred to as the "PA fee").

The Insured represents that all information given to the PA is true and accurate. The Insured understands that the PA relies on the information provided by the Insured. Your Local Claims Advocate guarantees to be fully bonded, licensed and insured, and that the license number listed below is valid and in full force and effect as of the date the contract is signed.

Insured's Full Name (Print)

Date of Loss

Public Adjuster's Name (Print)

Insured's Street Address

Cause of Loss

Public Adjuster's License Number

Insured's Phone Number

Appx. Age of Roof
(if applicable to the loss)

Public Adjuster's Signature Date

Insured's Email Address

Loss Related Priors?
What Year?

Your Local Claims Advocate, Corp.

P: 470-454-5061
E: Localclaimsadvocate@gmail.com

Loss Address (if different from above)

Do you have a copy
of your Policy?

Insurance Company

Policy Number

Claim Number (If Applicable)

Policy Start Date

Insured's Signature