



NYC Office/Mailing Address for All Company Mail:

134-02 Crossbay Blvd., 2nd Floor
Ozone Park, NY 11417

Long Island Office:

150 Broadhollow Rd., Suite #213
Melville, NY 11747

Michael Maltaghati
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Philip Maltaghati
Phone: (646) 369-3099

Public Adjuster Compensation Agreement

(Time and Date of Initial Contact)

_____ hereby retains **United Public Adjusters & Appraisers, Inc.** to act or aid in the preparation, presentation, adjustment and negotiation of or effecting the settlement of the claim for the loss or damage by _____ sustained at _____ on _____, 20____, and agrees to pay the adjuster for such services a fee of _____ percent of the amount of the loss including salvage when adjusted or otherwise recovered from the insurance companies.

NOTICE TO INSURED: PUBLIC ADJUSTERS MAY NOT CHARGE AN INSURED A FEE WHICH TOTALS MORE THAN TWELVE AND ONE HALF PERCENT (12 1/2%) OF THE RECOVERY FOR THE LOSS ADJUSTED BY SUCH ADJUSTERS.

THE FEE TO BE CHARGED UNDER THIS COMPENSATION AGREEMENT MAY BE NEGOTIATED BETWEEN THE PARTIES FOR LESS THAN 12 1/2%.

A LOWER FEE THAN 12 1/2% MAY BE NEGOTIATED WITH YOUR PUBLIC ADJUSTER. YOU, THE INSURED, SHOULD DISCUSS THE AMOUNT OF THE FEE WITH YOUR PUBLIC ADJUSTER BEFORE SIGNING ANY COMPENSATION AGREEMENT. THE AMOUNT YOU HAVE AGREED UPON MUST BE INITIALED BY YOU.

THIS COMPENSATION AGREEMENT IS VALID ONLY IF BOTH IT AND THE ATTACHED NOTICE OF CANCELLATION ARE WRITTEN IN THE SAME LANGUAGE AS THAT PRINCIPALLY USED IN THE ORAL NEGOTIATIONS AND PRESENTATION.

YOU MAY CANCEL THE COMPENSATION AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS COMPENSATION AGREEMENT. YOU SHOULD READ THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

NAME OF PUBLIC ADJUSTER OR
LICENSED REPRESENTATIVE (PRINT)

SIGNATURE OF INSURED

NAME OF INSURED (PRINT)

SIGNATURE OF PUBLIC ADJUSTER OR
LICENSED REPRESENTATIVE

ADDRESS OF INSURED

(Time and Date of Agreement)

NOTICE OF CANCELLATION

YOU MAY CANCEL THIS COMPENSATION AGREEMENT WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE ABOVE DATE.

IF YOU CANCEL ANY PAYMENTS MADE BY YOU UNDER THE AGREEMENT AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN TEN BUSINESS DAYS FOLLOWING RECEIPT BY THE PUBLIC ADJUSTER OF YOUR CANCELLATION NOTICE AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELLED.

TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE, OR ANY OTHER WRITTEN NOTICE, OR SEND A TELEGRAM TO: UNITED PUBLIC ADJUSTERS & APPRAISERS, INC. AT 134-02 CROSSBAY BLVD., 2ND FL., OZONE PARK, NY 11417. NOT LATER THAN MIDNIGHT OF _____. I HEREBY CANCEL THIS TRANSACTION.

Date

Signature