

PUBLIC ADJUSTER'S CONTRACT

Young Adjustment Company, Inc.

Adjusters of Losses for the Insured

Richard Holm - PMB 207
655 Ave. R.H. Todd, San Juan, PR 00907

Phone: 787-455-4216 :: Fax: 860-621-9510
rholm@caribbeanconsulting.com

Date:

Young Adjustment Co. Inc. or their representative is hereby retained to advise and assist in the adjustment of the insurance claim arising from loss by Type of Loss which occurred at _____ on the _____ day of _____ 20____. The insured agrees to pay **Young Adjustment Co. Inc.** for such services a contingent fee of _____ Percent (_____ %) of the amount paid by the insurance companies in settlement of this loss. The fee of **Young Adjustment Co. Inc.**, shall be due after each draft is collected and in the percentage listed in this contract. Please include the name of **Young Adjustment, Inc.** in addition to the insured's name on all drafts or checks pertaining to this loss.

INSURED

Signature of Representative

Signature of Insured

Name of Representative

Name of Insured

Date

Address

City State Zip

Telephone Number

Notice of Right to Cancel

Date

You the insured, may cancel this contract at any time prior to midnight of the fourth calendar day after the execution date of this contract. If you exercise your right to cancel this contract you will be liable for reasonable and necessary emergency out-of-pocket expenses or services which were paid for or incurred by **Young Adjustment Co. Inc.** to protect your interest of the insured during the period preceding cancellation.

If you cancel this contract, anything of value given by you under the contract will be returned within fifteen business days following the receipt by **Young Adjustment Co. Inc.** of your cancellation notice, and any security interest arising out of the contract will be cancelled.

To cancel this contract, mail or deliver in person, a signed and dated copy of this notice or any other written notice, indicating your intent to cancel and date thereof to **Young Adjustment Co. Inc.**, 900 Lenmar Drive, Blue Bell, PA 19422 no later than midnight of _____ 20____.

I hereby cancel this contract.

Date

Signature of Insured