**Public Insurance Adjuster Employment Contract**

The **UNDERSIGNED** “insured” hereby retains [Public Adjuster Name] (“Public Adjuster”) to advise and assist in the adjustment and settlement of the [ type of claim ] insurance claim arising from loss at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which occurred on or about the \_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_. The insured agrees to pay the Public Adjuster for such services a contingent fee of \_\_\_\_\_% of the amount paid by the insurance company for this loss. The

contingent fee of the Public Adjuster shall be due from each draft or check issued by the insurance company in the percentage listed in this contract**.**

**Insured**: By signing this **CONTRACT**, you request and authorize your insurer to add the Public Adjuster as an additional payee on all drafts or checks pertaining to this loss. This agreement contains the entire contract between the parties and may not be changed, altered or amended in any form.

**CANCELLATION: You may cancel this contract by notifying us at the address shown on the other side of this page, in writing, by certified mail, return receipt, postmarked no later than midnight three (3) business days following the day this contract is signed.**

**YOUR LEGAL RIGHTS**

**The parties** to this contract hereby acknowledge the following by **INITIALING** where indicated and **SIGNING** below.

**The Public Adjuster** will forward to you any written settlement offer from the insurance company. ***Public Adjuster’s Initials*** \_\_\_\_\_\_\_\_\_\_\_\_\_ ***Insured’s Initials*** \_\_\_\_\_\_\_\_\_\_\_\_\_

**The Public Adjuster** services are available for a fee to be paid by you. We cannot charge or otherwise collect a fee that exceeds **TEN (10) PERCENT** of the total recovery.

***Public Adjuster’s Initials*** \_\_\_\_\_\_\_\_\_\_\_\_\_ ***Insured’s Initials*** \_\_\_\_\_\_\_\_\_\_\_\_\_

**The Public Adjuster** will provide the insured a **TRUE COPY** of this Public Insurance Adjuster Employment contract at the time you sign it.

***Public Adjuster’s Initials*** \_\_\_\_\_\_\_\_\_\_\_\_\_ ***Insured’s Initials*** \_**\_\_\_\_\_\_\_\_\_\_\_\_**

**DISCLOSURES REQUIRED BY DCMR TITLE: 26-A 3909**

**WE ARE NOT ALLOWED TO**:

* **Solicit your employment if you have already hired or contracted with another public insurance adjuster.**
* **Have any interest whatsoever in any home improvement restoration, construction, salvage, or appraisal business operating in the district.**
* **Represent, both an insurer and an insured at the same time.**
* **Pay anything of value to any person as an inducement to refer business to us.**
* **Share our fee, except with another licensed Public Insurance Adjuster.**
* **Advise you on any question of law.**
* **Advance any monies to you before settlement of the loss, where such amount would be included in the final settlement.**
* **Make false statements about an insurance company or its representatives**.

**WE MUST:**

* **Sign this Contract.**
* **Inform you that we do not represent any insurance company or any insurance company-adjusting firm.**

**Read Both Sides Before Signing**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **License #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Public Adjuster/Licensee (Print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Company**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**City State Zip**

**Phone:** ( ) (\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_): **Fax:** ( ) (\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_)

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read the information on both sides of this contract □**

**INSURED**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **[Name of insured]**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City & State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone: (optional)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **[Signature of insured]**

**PUBLIC INSURANCE ADJUSTER**

**Agreed to by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **[Name of individual or firm’s licensee]**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **[Signature of public insurance adjuster]**

**Signed and acknowledged this day** \_\_\_\_\_\_\_ **of**  \_\_\_\_\_\_\_\_\_\_\_\_ **20**\_\_\_\_\_\_\_

 **Day**  **Month** **Year**

**If you have questions about this form, you may contact:**

**The District of Columbia Department of Insurance, Securities and Banking**

**1050 First St., NE, Suite 801**

**Washington, DC 20002**

**Phone: (202) 727-8000**