

TITAN PUBLIC ADJUSTER CONTRACT

LETTER of REPRESENTATION



Representation for the Insured Only

[The Insured], the undersigned policyholder of the referenced policy, hereby appoint and authorize [Public Insurance Adjuster], to represent [The Insured] in the adjustment of my insurance claims following the listed terms of agreement:

[The Licensed Public Adjuster] will maintain the following services, if applicable, for your residential, business, or personal property, as well as loss of use or income related to the claim:

- Review your existing insurance policy to determine applicable coverage.
- Investigate, document, and substantiate damage to buildings, contents, and any additional expenses.
- Evaluate business interruption losses and extra expense claims, if applicable.
- Determine reasonable settlement values.

We will assess covered damages using standard industry practices, prepare, document, and support the claim to the best of our ability on behalf of the insured. We will also negotiate settlements with the insurance company, with the final settlement subject to the insured's acceptance. If discrepancies are found after settlement, we will reopen the claim and negotiate for additional compensation. Additionally, we will present settlement offers and provide recommendations.

In the event no recovery is made, the insured will not owe any fees to the public adjuster.

The Insured agrees to compensate the Public Adjuster (PA) with a fee equal to 15% (fifteen percent) of the gross amount recovered for the loss or damage, based on the Replacement Cost Value. This fee applies regardless of whether the loss is settled or paid by the insurance company, or through adjustment, mediation, arbitration, lawsuit, or other means. The fee is applicable to all coverage under the referenced policy or any other applicable policy, including but not limited to claims for bad faith and extra-contractual damages or losses (hereafter referred to as the "PA Fee").

The Insured hereby designates [The Public Insurance Adjuster] as the payee on any and all insurance proceeds checks issued as a result of the above referenced loss. This provision shall remain in effect until revoked by mutual written consent of both the Insured and the Public Adjuster. The Insured authorizes and directs the insurer to issue and deliver all insurance proceeds checks to the office of [Public Adjuster]

Payment to the Public Adjuster (PA) shall be due upon the issuance or payment of insurance proceeds by the insurance company. In exchange for the PA's professional services, the Insured irrevocably assigns to the PA a lien on the portion of the insurance proceeds sufficient to cover the amount due to the PA under this agreement. If legal action is required to enforce this agreement, the prevailing party shall be entitled to recover court costs and reasonable attorney's fees, including those incurred in any appellate proceedings.

This contract may be canceled by the Insured by providing written notice to the Public Adjuster (PA) via certified mail, return receipt requested, or another mailing method that provides proof of delivery, within three (3) business days from the date the contract was signed, as indicated above. In the event of such cancellation, *the Insured will not be obligated to pay any fees to the PA for work performed during that period.* However, if the PA has advanced funds or made payments on behalf of the Insured to third parties, the PA shall be entitled to reimbursement for any such reasonable advances.

If the contract is canceled by the Insured after three (3) business days, the PA will have a lien for the value of the work performed and any costs advanced. Additionally, the PA will not be held liable for any claims filed on the property that were canceled by the Insured.

In the event the Insured exercises the right to cancel, any items of value provided by the Insured under the contract will be returned within 15 business days following the PA's receipt of the cancellation notice.

The PA has no direct or indirect interest in the claim being adjusted, except for compensation for the professional services rendered, as required by O.C.G.A. §§ 33-23-43.2(b).

The Insured authorizes the PA to engage professional services, including appraisers, umpires, estimators, engineers, or other experts, as deemed necessary by the PA. Any costs associated with such services will be reimbursed to the PA, with the Insured's consent obtained prior to the hiring of any professional(s).

The Insured acknowledges that the Public Adjuster (PA) makes no guarantees regarding the outcome or disposition of any stage of the claims process. Any statements made by the PA are solely the PA's opinion, based on the information available at that time. The Insured agrees to hold the PA harmless in the event of an undesirable claim outcome resulting from misinformation or insufficient information provided to or by the PA. This includes, but is not limited to, policies such as Actual Cash Value (ACV) or Replacement Cost Value (RCV).

The Insured further understands that, prior to initiating any communication with the insurer, the insurer's adjuster, or the insurer's attorney regarding the settlement of the claim, the PA must provide the insurer with a notification letter, signed by the Insured. This letter will confirm the Insured's authorization for the PA to communicate directly with the insurer, the insurer's adjuster, or the insurer's attorney on the Insured's behalf.

All communications, correspondence, checks, and/or drafts related to this claim must be addressed and sent to Courtney Taylor Public Adjuster, 41 Saratoga Drive NW, Lawrenceville, GA 30044, with a copy forwarded to the Policyholder. All verbal and electronic correspondence must include both the Policyholder and the representative from [Public Adjusting], as listed below.

The Insured acknowledges and agrees that the fee owed to the Public Adjuster (PA) is to be paid out of any and all insurance proceeds before any payments are made to other parties, including but not limited to mortgage companies, insurance companies, lenders, creditors, or any third-party individuals or corporations. The Insured further agrees to take full responsibility for obtaining all necessary mortgage endorsements to release the insurance proceeds to the PA. The PA will not be responsible for complying with any mortgage company requirements in order to receive payment for fees or reimbursements.

The Insured authorizes the PA to endorse any checks or payments related to this claim on their behalf into the PA's escrow or trust account. These funds will then

be distributed according to the terms outlined in this agreement. This authorization may be revoked by the Insured at any time, provided written notice is delivered to the PA.

In the event no recovery is made, the Insured will not be liable for any fees owed to the PA.

The Insured agrees to pay the PA a fee equal to 15% (fifteen percent) of the gross amount of the recovered loss or damage (Replacement Cost Value, RCV). This applies to claims settled through any of the following methods:

The fee applies to claims settled or paid by the insurance company, whether through adjustment, mediation, appraisal, arbitration, lawsuit, or otherwise, under all coverage applicable to the referenced policy or any other relevant policy, including but not limited to claims for bad faith and extra-contractual damages or losses.

The Insured represents that all information provided to the Public Adjuster (PA) is accurate and truthful. The Insured understands that the PA relies on the information supplied by the Insured in order to manage the claim.

[Public Adjusting] guarantees that it is fully bonded and insured, and that the license number listed below is valid and in full force as of the date this contract is signed.

Insured Information

Name(Signature):

Loss Address

Street Address:

City_____ State_____ Zip Code_____

Loss Information

Date of Loss:

Peril/Cause of Loss:

State:

Insurance Information

Insurance Company/Carrier:_____

Claims Number:_____

Policy Number(if applicable):_____

Age of Roof:_____Yrs Old

Interior Damages: ____Yes ____No

Exterior Damages____Yes ____No

Public Adjusters Name

Print:

Telephone_____

Email:_____

Today's Date:

License Number:#_____

Public Adjuster's Signature:

X_____

Courtney Taylor, Licensed and Bonded Public Adjuster

678-768-4178

myclaims@thetitanpafirm.com

41 Saratoga Drive NW, Lawrenceville, GA 30044
