

“Michael Ross” LoBiondo, P.A.

Public Insurance Adjuster

FL Lic. # A157088

We represent the Insured, not the Insurance Company

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**Public Adjusting Agreement
Standard**

Client Name(s) _____
 Address _____
 City _____ FL, Zip _____
 Home Tel # _____ Office # _____
 Cell # 1 _____ Cell # 2 _____
 E-mail _____ Fax# _____
 Insurance Company _____
 Ins. Co. Tel # _____ Fax# _____
 Policy # _____ Claim # _____
 Mortgage Company Name(s) _____
 Cause of Loss _____ Date of Loss _____
 Type of Claim: State-Declared Emergency _____ Non-Emergency _____ Supplemental _____

This Agreement authorizes “Michael Ross” LoBiondo, P.A., Public Adjuster, to represent me in settling the above claim with my insurance company.

I agree to pay the Public Adjuster’s fee of twenty percent (20%) of all new insurance settlement monies collected for this claim, whether via negotiation, adjustment, mediation, appraisal, arbitration, lawsuit verdict or otherwise, including for bad faith or other damages. I understand that my claim is a process that may go through any of the above channels to reach a settlement, and that the Public Adjuster will recommend a course of action based on the specific circumstances of my claim.

I hereby authorize and direct the above insurance company to include the Public Adjuster's name as co-payee on all settlement checks. I understand that my mortgage company, if applicable, will also be co-payee, and that it is solely my responsibility to obtain the mortgagee's endorsement on all such checks.

The Public Adjuster’s fee is due when the insurance check is received. If I do not pay the Public Adjuster’s invoice and collection becomes necessary, I understand I will pay all legal expenses including attorneys' fees and interest as allowed by law. In case of litigation, the venue shall be Broward County, Florida.

Pursuant to s.817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.803, or s. 775.084, Florida Statutes.

This Agreement may be cancelled by certified mail to the Public Adjuster at the letterhead address above within three (3) business days.

AGREED and UNDERSTOOD:

Insured: _____ Date: _____

Insured: _____ Date: _____

_____ Date: _____

"Michael Ross" LoBiondo, Public Insurance Adjuster