

“Michael Ross” LoBiondo, P.A.

Public Insurance Adjuster

FL Lic. # A157088

We represent the Insured, not the Insurance Company

13762 West S.R. 84 – Suite 262, Ft. Lauderdale, FL 33325

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Standard Public Adjusting Agreement

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: 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 under 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, including reimbursement of all expenses approved by me and advanced by the Public Adjuster. 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.

You, the insured, may cancel this contract for any reason without penalty or obligation to you within 10 days after the date of this contract by providing notice to "Michael Ross" LoBiondo, P.A. submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof thereof, at the address specified in the contract.

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.

INSTRUCTIONS:

After completing Agreement, print, sign manually and email or fax to us.

AGREED and UNDERSTOOD (must be signed by all insureds):

Insured: _____ **Date:** _____

Insured: _____ **Date:** _____

_____ **Date:** _____

"Michael Ross" LoBiondo, Public Insurance Adjuster