



BEST CHOICE PUBLIC ADJUSTING LLC

TX LICENSE 1601825

MICHELLE ALLEN TX LIC. 1553348

'IT'S NEVER TOO LATE TO MAKE THE BEST CHOICE'

bestchoicepa@yahoo.com

CONTRACT

INSURED(S) : _____ (print name as stated on policy)

CARRIER: _____

BEST CHOICE PUBLIC ADJUSTING LLC

MAIL TO:

DATE OF LOSS: _____

13550 State Highway 36 E

Cross Plains, TX 76443

CAUSE OF LOSS: _____

940-391-2312

832-645-7405 FAX

LOSS LOCATION: _____

POLICY #: _____

CLAIM #: _____

I/We agree to pay BEST CHOICE PUBLIC ADJUSTING LLC, upon settlement and payment of claim a fee not to exceed 10% of the amount collected, adjusted, or otherwise received and/or received by the involved Insurance Carrier including expenses, direct costs, or any other costs accrued by **BEST CHOICE PUBLIC ADJUSTING**.

_____ (Initials)

DESCRIPTION OF LOSS

NOTICE: THE INSURED MAY CANCEL THIS CONTRACT BY WRITTEN NOTICE TO THE PUBLIC INSURANCE ADJUSTER WITHIN 72 HOURS OF SIGNATURE FOR ANY REASON.

WE REPRESENT THE INSURED ONLY.

NOTICE: YOU ARE ENTERING INTO A SERVICE CONTRACT. YOU ARE BEING CHARGED A FEE FOR THIS SERVICE. YOU DO NOT HAVE TO ENTER INTO THIS CONTRACT TO MAKE A CLAIM FOR LOSS OR DAMAGE ON A POLICY OF INSURANCE.

If the insurance carrier pays or commits in writing to pay to the insured the policy limits of the insurance policy under Insurance Code Article 6.13 or §862.053 within 72 hours of the loss being reported to the insurer, the public insurance adjuster is not entitled to compensation based on a percentage of the insurance settlement, but is entitled to reasonable compensation for the public insurance adjuster's time and expenses provided to the insured before the claim was paid or the written commitment to pay was received. _____ (Initials)

NOTICE: A public insurance adjuster may not participate directly or indirectly in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the public insurance adjuster or engage in any other activities that may reasonably be construed as presenting a conflict of interest, including soliciting or accepting any remuneration from, or having a financial interest in, any salvage firm, repair firm, or other firm that obtains business in connection with any claim the public insurance adjuster has a contract or agreement to adjust. _____ (Initials)

Fee will be based on the replacement cost settlement figure regardless of whether the insured elects to comply with the replacement cost provision of the insurance policy. The Service Fee will be based on the replacement cost figure to be paid by the insurance company, and will be payable and collected at the time the actual cash value payment is made by the insurance company. There is no service fee due until insurance proceeds are paid from the date of this agreement. _____ (Initials)

Any payment made to the mortgagee for the purpose of the agreement, will be considered payment made to the insured and the adjuster's fee will be paid by the insured. _____ (Initials)

IMPORTANT NOTICE: You may contact the Texas Department of Insurance to get information about public insurance adjusters, your rights as a consumer, or information about how to file a complaint by calling 1-800-252-3439; or you may write the Texas Department of Insurance at PO Box 149104, Austin, Texas 78714-9104, or contact the department via fax 512-490-1007.

AVISO IMPORTANTE: Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca ajustadores públicos de seguros, sus derechos como consumidor, o información sobre como presentar una queja llamando 1-800-252-3439 o puede escribir al Departamento de Seguros de Texas, en P.O. Box 149104, Austin, Texas 78714-9104, o commiquese con el departamento a traves de Fax 512-490-1007.

BEST CHOICE PUBLIC ADJUSTING LLC

TX LIC 1601825

MICHELLE ALLEN TX LIC 1553348

_____/_____/_____:_____

INSURED

DATE

TIME AM/PM

_____/_____/_____:_____

INSURED

DATE

TIME AM/PM