

Brian D. Birmingham, Public Adjuster

"Helping Homeowners With Their Property Claims Since 1983"

P.O. Box 2192

145 University Drive

Amherst, MA 01004-2192

Office# 1-413-253-3664 Fax # 1-413-256-8910

E-mail: Brian@bdbirmingham.com Web: www.BDBirmingham.com

Insured

Address

Insurance Company

Company Location

Date of Loss

Type of Loss

Effective Date of Policy

Policy Number

Policy Form

Deductible

Agent

Agency at

Coverage A

Adjuster

I/we, _____, being the above Insured/Claimant for the above captioned loss, do hereby authorize Brian D. Birmingham, a licensed Mass. Public Adjuster, to represent my/our interest by assisting me/us in the settlement of the above captioned loss on my/our behalf. I/we, or my/our representative, also agree to pay, Brian D. Birmingham, TEN PERCENT (10%) of all sums paid by any Insurance Company on account of the above captioned loss. All payments due to Brian D. Birmingham will be made concurrently throughout the settlement of this loss.

By virtue of this signed agreement the insurance company is directed to only contact and only work with Brian D. Birmingham on my/our behalf and will include Brian D. Birmingham on any and all payments made to the insured resulting from the above loss.

The above named and/or below signed Insured/Claimant agrees to pay any and all expenses and legal fees incurred by Brian D. Birmingham in the collection of it's fee from the named Insured or my/our representative.

I/we, the named Insured/Claimant or my/our representative, have read the above agreement and agree to abide by it's terms.

YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON, BY TELEGRAM OR FACSIMILE TRANSMISSIONS BY OVERNIGHT EXPRESS DELIVERY OR CERTIFIED OR REGISTERED UNITED STATES MAIL, TO THE ADDRESS OF THE PUBLIC INSURANCE ADJUSTER SPECIFIED IN THIS CONTRACT, WITHIN 3 CALENDAR DAYS OF THE DATE THAT YOU RECEIVE THIS CONTRACT. THIS CONTRACT THEREAFTER MAY BE REVOKED BY THE INSURED WHO SIGNED IT, OR THEIR DESIGNEE, AT ANY TIME, SUBJECT TO THE PUBLIC INSURANCE ADJUSTER'S ASSERTION OF A FEE LIEN UPON INSURANCE PROCEEDS OFFERED OR SECURED THROUGH HIS EFFORTS AS THE INSURED'S REPRESENTATIVE. IF YOU CANCEL THIS AGREEMENT YOU WILL REMAIN LIABLE FOR REASONABLE AND NECESSARY EMERGENCY OUT-OF-POCKET EXPENSES OR SERVICES WHICH WERE PAID FOR OR INCURRED BY THE PUBLIC INSURANCE ADJUSTER DURING SAID 3 DAY PERIOD TO PROTECT THE INTERESTS OF THE INSURED.

__SAMPLE ONLY_____
Insured/ Claimant

Dated

__SAMPLE ONLY_____
Insured/ Claimant

Dated

__SAMPLE ONLY_____
Brian D. Birmingham, PA