

**Claim Master One, Inc.**  
**1550 Southeast 8<sup>th</sup> Street**  
**Deerfield Beach, Florida 33441-5828**  
**Office: (954) 570-4042 Fax: (954) 570-4043 Cellular: (561) 441-9732**  
**Email Address: david@claimmasterone.com**  
**Public Adjuster Contract Page 1 of 3**

I or we \_\_\_\_\_, {the policyholder(s)} do hereby retain Claim Master One, Inc. (CMOI) to represent my/our best interests in pursuing a claim due to \_\_\_\_\_ under an insurance policy with the following insurance carrier(s) \_\_\_\_\_ under the following claim number(s) \_\_\_\_\_ and policy number(s) \_\_\_\_\_ for all amounts recoverable under the policy(ies) associated with damage at the following address: \_\_\_\_\_

\_\_\_\_\_. I or we agree to allow CMOI to serve as the primary contact with the appropriate parties and in consideration for services, I or we agree to pay and assign CMOI 10% (ten percent) of all contractual and non-contractual proceeds paid by the insurance company from this date forward and/or the reasonable value of all services provided by the insurance company to the insured for repairs to the insured location including overhead & profit, whether or not an attorney or other expert is retained, when proceeds are paid and/or services provided. The subject claim does involve a claim in which a state of emergency has been declared by the Governor.

The assignment created hereby is absolute and unconditional, and the policyholder hereby authorizes and directs that Claim Master One, Inc. appear on all payments made under the above referenced loss. In the event any insurance company fails to issue a check payable jointly to Claim Master One, Inc. and the policyholder, then the policyholder(s) hereby grant(s) Claim Master One, Inc. a lien on the recovered proceeds received by the policyholder(s) to the extent of its fee. Pursuant to this Agreement, in the event CMOI incurs attorney's fees and/or costs to enforce this Agreement and/or to collect the full amount due hereunder, whether or not suit is filed, the policyholder(s) agree(s) to pay Claim Master One, Inc. reasonable attorney's fees and costs including fees and costs through appeal. The policyholder(s) understand(s) that they are free to choose counsel of their choice at any time, and the decision regarding counsel is solely theirs. The terms contained in this Agreement are unconditional and binding among all parties and can only be changed by written, voluntary, and mutual agreement of all parties to this Retention Agreement. I or we agree to make CMOI immediately aware of any checks or drafts received, and CMOI will immediately notify the policyholder(s) as well. In exchange for its endorsement on any particular check in payment of a claim, I or we agree to immediately forward to Claim Master One, Inc. its consideration for services.

This Agreement may be executed in several counterparts, each of which shall constitute one Agreement. Further, fax copies of this Agreement as well as those reproduced by any other method shall be considered binding. The policyholder(s) may not assign their respective rights/obligations under this Agreement without prior written consent from CMOI. As a Florida Public Adjusting Firm, Claim Master One, Inc. is bonded and licensed pursuant to Florida Statutes. CMOI will pursue any given claim to the best of its ability. However, no particular outcome shall be expected or assumed, and the policyholder(s) hereby waive(s) any claims for negligence against CMOI. It is understood that if a Court determines any part of this Agreement is invalid, the balance shall remain valid.

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The following is required by Florida Statutes to be in large bold lettering as indicated.

**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.**

**As indicated above, the contingency fee percentage is 10% of any amounts recovered, payable at the time the amounts are recovered on your behalf.**

**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 Claim Master One, Inc. submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof therefore, at the address specified in the contract. If this contract was entered into based on events that are the subject of a declaration of a state of emergency by the Governor, you may cancel this contract for any reason without penalty or obligation to you within 30 days after the date of loss or 10 days after the date on which the**

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**contract is executed, whichever is longer. You may also cancel the contract without penalty or obligation to you if I, as your public adjuster, fail to provide you and your insurer a copy of a written estimate within 60 days of the execution of the contract, unless the failure to provide the estimate within 60 days is caused by factors beyond my control, in accordance with s. 627.70131(5)(a)2., Florida Statutes. The 60-day cancellation period for failure to provide a written estimate shall cease on the date I have provided you with the written estimate.**

This Agreement is hereby executed with sound mind by the following who represent themselves with authority to do so:

\_\_\_\_\_  
Claim Master One, Inc.

By: David Michael Reeb, License#A216533

Date Signed: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Policyholder Phone #: \_\_\_\_\_

Policyholder Email Address: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Policyholder Phone #: \_\_\_\_\_

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**Disclosure Statement as Required after July 1<sup>st</sup>, 2023**

Company Adjuster: Person who adjusts claims only for a particular insurance company.

Independent or All Lines Adjuster: Person who adjusts claims for one or more different insurance companies and/or adjusting firms.

Public Adjuster: Person who adjusts claims on behalf of the property owner.

A Public Adjuster is not a representative of the insurer; a Public Adjuster is your representative in the claim process who advocates for your best interest in connection with any particular claim. A property owner is not required to hire a Public Adjuster, but has a right to do so.

The insured has a right to initiate direct communications with your chosen attorney (if any) the insurer, the company adjuster, the insurer's attorney, or any person regarding the settlement of the insured's claim.

The Public Adjuster's salary, fee, commission, or other consideration to be paid to a Public Adjuster is the insured's responsibility.

**Policyholder Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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**By: David Michael Reeb, License#A216533**

**Date Signed:** \_\_\_\_\_

**Policyholder Signature:** \_\_\_\_\_

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