



**Insurance Loss Consultants, Inc.**  
**Public Insurance Adjusters**

PO Box 418 - Winter Park - FL - 32790-0418

Office: 407-740-8422

CONTRACT FOR PROFESSIONAL SERVICES AND NOTICE TO INSURER

THIS AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between,

\_\_\_\_\_ the "INSURED" and INSURANCE LOSS CONSULTANTS, INC. I, OR WE, INSURED(S) HEREBY engage, employ, appoint, and authorize INSURANCE LOSS CONSULTANTS, INC., a public adjuster firm, to undertake the necessary and appropriate steps to accumulate information and prepare all reports, claims and documents required by any insurance company or individual or their agents or representatives for the purpose of adjusting, documenting, and settling my/our claims arising from the (cause of loss) \_\_\_\_\_ loss

which occurred on, or about \_\_\_\_\_ (date) \_\_\_\_\_ (time)

at: (location of loss) \_\_\_\_\_  
 (City) (State) (Zip)

AS COMPENSATION for services performed by INSURANCE LOSS CONSULTANTS, INC., I/WE agree to pay \_\_\_\_\_% of the total settlement. This agreement will serve as a lien against any amounts received. In addition, I/ WE agree to pay only if I/WE received an award, or settlement, by whatever means (including settlement, appraisal, judgment, transfer of property or payment). Payment is due upon receipt of funds from the insurance settlement.

I/ WE, INSURED(S) HEREBY AUTHORIZE \_\_\_\_\_ (insurer) to recognize Insurance Loss Consultants, Inc. as a party in interest through assignment, and are instructed to contact them for any further information and negotiations concerning the settlement of this claim.

Insured Printed Name	Insured Signature	Date
----------------------	-------------------	------

Insured Printed Name	Insured Signature	Date
----------------------	-------------------	------

Insurance Company	Policy Number	Policy dates
-------------------	---------------	--------------

“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. 775.083, or s. 775.084, Florida Statutes.”

Florida Statutes Chapter 626.854, licensing Public Adjuster "Public Adjuster" shall mean any person, except a duly licensed Attorney at Law as hereinafter provided, who, for money, commission, or any other thing of value acts or aids in any manner on behalf of an insured in negotiating for or affecting the settlement of a claim or claims for loss or damage covered by an insurance contract, other than Life, Annuity, Accident and Health, or who advertises for or solicits employment as an adjuster of such claims; and shall also include any person who, for money, commission, or any other thing of value solicits, investigates or adjusts such claims on behalf of any such Public Adjuster. The undersigned insured shall have the right to cancel by written document to Insurance Loss Consultants, Inc. this agreement within 3 days following the date this document is signed. The notification must be sent to the office, certified mail and must be postmarked within the period stated above.

This contract is entered into under the Public Adjuster licensure \_\_\_\_\_

Florida license Number \_\_\_\_\_ (signature)