

Friedman  Levine, Inc.

Public Insurance Adjusters  
N.Y. License # PA-681444

Branch Office:  
220-09 Merrick Blvd.  
Laurelton, NY 11413  
Phone: (718) 712-1515  
Fax: (718) 712-1069

Jeffrey Friedman

Martin Levine

Branch Office:  
19-26 Mott Ave.  
Far Rockaway, NY 11691  
(718) 868-0716  
L.I. (718) 712-1069

(Time of initial contact)

(Date of initial contact)

\_\_\_\_\_ (Assured) hereby retains Friedman & Levine, Inc. to act or aid in the preparation, presentation, adjustment and negotiation of or effecting the settlement of the claim for the loss or damage by \_\_\_\_\_ sustained at \_\_\_\_\_ on, \_\_\_\_\_ 20\_\_\_\_, and agrees to pay the adjuster for such services a fee of \_\_\_\_\_ percent of the amount of the loss including salvage when adjusted or otherwise recovered from the insurance companies.

Notice to Insured: Public adjusters may not charge any insured fees which total more than 12 1/2 % of the recovery for the lost adjusted by such adjusters.

The fee to be charged under this compensation agreement may be negotiated between the parties for less than 12 1/2%.

A lower fee than 12 1/2% may be negotiated with your public adjuster, you, the insured, should discuss the amount of the fee with your public adjuster before signing any compensation agreement. The amount you have agreed upon must be initialed by you.

This compensation agreement is valid only if both it and the attached notice of cancellation are written in the same language as that principally used in the oral negotiations and presentation.

You may cancel this compensation agreement at any time prior to midnight of the third business day after the date of this compensation agreement. You should read the attached "Notice of Cancellation" form for an explanation of this right.

\_\_\_\_\_  
Name of Public Adjuster or licensed representative (Print)

\_\_\_\_\_  
Signature of Public Adjuster or licensed representative

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Address of Insured

\_\_\_\_\_  
Time of agreement

\_\_\_\_\_  
Date of agreement

**NOTICE OF CANCELLATION**

You may cancel this compensation agreement, without any penalty or obligation, within three business days from the above date.

If you cancel any payments made by you under the agreement and any negotiable instrument executed by you will be returned within ten business days following receipt by the public adjuster of your cancellation notice and any security interest arising out of the transaction will be cancelled.

To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice, or any other written notice, or send a telegram to: Friedman & Levine, Inc. at 220-09 Merrick Blvd., Laurelton, NY 11413 not later than midnight of \_\_\_\_\_. I hereby cancel this transaction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature