



Owners Adjustment
B U R E A U

600 South Andrews Avenue (Suite 400)
Fort Lauderdale FL 33301

954.712.1022 • Fax: 954.712.4022 • Toll Free: 888.712.L.O.S.S

The undersigned _____
insured

Hereby represents that He, she or they are owners of the hereinafter specified property and or its contents and hereby authorize & direct Owner's Adjustment Bureau to advise, assist, adjust, present negotiate, and generally represent our interests relating to damages caused by _____ which occurred on _____, 20__ to the structure known as:

Address City, State, Zip Code

In consideration of the services rendered by Owners Adjustment Bureau and hereby assign and agree to pay them a fee of _____% of the whole amount of **(gross claim/ new money)**, minus the deductible, when recovered by adjustment or otherwise. Such professional fees shall be disbursed to Owners Adjustment made by the insurers, made on behalf of the insurers, or other responsible parties.

I/We hereby authorize, direct and request the Insurer named herein to address all communications concerning all matters relating to this claim to Owner's Adjustment Bureau, at the address above. **Florida law provides that this contract may be rescinded within three (3) business days without penalty. If the Governor declares a state of emergency, for one year from the date of the loss, the insured has five (5) business days to cancel the contract. The contract must be cancelled in writing and sent by certified mail, return receipt requested, or other form of mailing which provides proof thereof to the address on this contract.**

If for any reason the amount due under this Contract of representation is not paid when due, Owner's Adjustment Bureau shall be entitled to its expenses and attorney's fees incurred in the collection of monies due under this Contract of Representation with interest at the maximum rate prescribed by law.

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud or deceive any insurer or insured prepares present 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 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

Insured or Owner or Agent

Date

Florida Public Adjuster

License Number