

GOLD STAR ADJUSTERS, LLC.
2601 Michaelson Way • Jacksonville, FL 32223
Toll Free: 800.523.2589 • Direct: 904.704.2200 • Fax: 904.880.4576

Insurance Company _____

Policy/Claim Number _____

This CONTRACT is entered into this ___ day of _____, 20___ by and between _____ (“Insured”) and Gold Star Adjusters, LLC. (“Gold Star”), licensed and bonded public insurance adjusters. It is hereby understood and agreed that Insured retains Gold Star to advise and assist in the adjustment and/or negotiation of their insurance claim for a loss caused by _____ on the ___ day of _____, 20___.

The said loss occurred at the following location:

Street Address _____ City _____ State _____ Zip Code _____

In consideration for the above-described service, Insured expressly agrees to pay Gold Star () **20%** of the total amount of actual loss or damages recovered by adjustment or otherwise, from any source and to include Gold Star as payee on all settlement checks, including but not limited to insurance drafts and draw checks from the mortgage company. Insured is hereby assigning **20%** of the amount recovered from the insurance claim, to Gold Star. () Fee on Supplement claims is **30%** of any payments made after the date of this contract. **Gold Star will not charge a Supplement fee exceeding 20% of the total amount recovered.**

Insured understands that there are no “guaranteed results” and no promises or representations have been made by Gold Star or their representatives relating to the outcome of the claim. Further, upon investigation, should Gold Star wish at any time to withdraw from this agreement, they shall have the right to do so. **No fee paid if no recovery.**

If for any reason whatsoever, Insured wishes to cancel this contract, they may do so without penalty by mailing written notification to that effect to the above-stated address. Such notice must be postmarked before midnight of the 3rd business day after the signing of this contract, or within 3 business days after the date the insurer has been notified of the claim, whichever is later. Notice of cancellation must be submitted in writing and sent by certified mail, return receipt requested, or other form of mailing which provides proof thereof. **Gold Star GUARANTEES there will be NO FEE unless and until monetary damages are recovered by adjustment or otherwise.**

Insured understands and is fully aware that he/she is responsible for all payments to any and all contractors, sub-contractors, experts of any kind, etc., that are employed for any reason, for repairs or expert opinions, in connection with this loss. Any and all costs associated with said contractors, sub-contractors, and/or experts is separate from and in addition to the settlement fee owed to Gold Star and is the responsibility of the Insured/homeowner.

Insured is hereby instructing _____ Insurance Company to include “Gold Star Adjusters, LLC.” as payees on all drafts/checks made as a result of and in connection with this insurance claim. Insured further authorize the release of all settlement checks by any Mortgage Company and/or Insurance Carrier to “Gold Star Adjusters, LLC.” and direct that these checks be mailed to **2601 Michaelson Way, Jacksonville, FL 32223.**

By signing this agreement, Insured acknowledges that he/she has read, understands and agrees to the terms of this agreement. Insured hereby acknowledges and agrees that this agreement shall be construed as being executed by both parties hereto in the State of Florida. Each individual executing this agreement on behalf of the Insureds represents and warrants that he/she is duly authorized to execute and deliver this agreement. Insured agrees to pay Gold Star immediately upon receipt of insurance company check/draft. Insured also agrees that any collection costs associated with the recovery of Gold Star’s fee from the Insured, including but not limited to court costs, attorney fees and interest, will be paid by the Insured in addition to the standard fee listed above. Gold Star agrees not to accept any settlement or adjustment unless it is satisfactory to the Insured.

This agreement shall be governed by the laws of the State of Florida.

Insured Name _____

Insured Signature _____ (date)

Insured Name _____

Insured Signature _____ (date)

Accepted by:

Mark Goldwich - Public Adjuster (date)
For Gold Star Adjusters, LLC.
DFS# A099530

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, 1s. 775.083, or s. 775.084, Florida Statutes.