Texas Department of Insurance
Agent and Adjuster Licensing: Mail Code 107-1A
P.O.Box 12069 Austin, Texas 78711-2069
512-322-3503 **www.tdi.texas.gov**

LICENSE NUMBER: _____
DATE:_____, 20_____

PUBLIC INSURANCE ADJUSTER CONTRACT

This contract Form FIN 535 is prescribed by the Texas Department of Insurance to satisfy contract requirements for Public Insurance Adjusters under amended rules, effective January 1, 2014, for 28 TAC §19.701,19.708 and 19.713 concerning the licensing of public insurance adjusters.

The Insured(s) _____
Retain Texas State Adjusters (TSA) to assist in the preparation, presentation, and adjustment of all applicable claims for the following loss or damage:

_____
Description of Loss

Caused by _____
Type of Loss

This loss occurred on or about _____
Date of Loss

Insured agrees to pay _____, upon settlement and payment of claim, a fee of ten percent (10%) of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Carrier including expenses, direct costs, or any other costs accrued by the Public Insurance Adjuster. A general description of services the public insurance adjuster will provide: Evaluation of claim merit, determination of claim value, and demand of claim payment.

If compensation is based on an hourly rate, the public insurance adjuster will provide an invoice for services that includes a detailed listing of services provided and separate costs payable to the public insurance adjuster as part of the commission based on the claim settlement, including expenses, direct costs, and any other accrued costs.

The method of calculating the commission for the public insurance adjuster, whether an hourly rate, flat fee, percentage of settlement or another method must be identified here: percentage, and depending on method, comply with TAC §19.701 (13) (i-iv) requiring detailed explanation of how the amount payable will be determined based on services provided.

At the option of the Insured, this contract shall/may be voidable for 72 hours after signing. The Insured may void the contract by notifying the Public Insurance in writing, by either registered or certified mail, return receipt requested, to the address shown on this contract or by personally serving notice on the Public Insurance Adjuster.

If the Insurance Carrier pays or commits in writing to pay to the Insured the policy limits of the insurance policy under Insurance Code Article 6.13 or § 862.053 within 72 hours of the loss being reported the insurer, the Public Insurance Adjuster is entitled to reasonable compensation for the Public Insurance Adjusters' time and expenses provided to the Insured before the claim was paid or the written commitment to pay was received.

NOTICE: A public insurance adjuster may not participate directly or indirectly in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the public insurance adjuster or engage in any other activities that may reasonably be construed as presenting a conflict of interest, including soliciting or accepting any remuneration from or having a financial interest in any salvage firm, repair firm, or other firm that obtains business in connection with any claim the public insurance adjuster has a contract or agreement to adjust.

NOTICE: THE INSURED MAY CANCEL THIS CONTRACT BY WRITTEN NOTICE TO THE PUBLIC INSURANCE ADJUSTER WITHIN 72 HOURS OF SIGNATURE FOR ANY REASON.

WE, _____, REPRESENT THE INSURED ONLY.

NOTICE: YOU ARE ENTERING INTO A SERVICE CONTRACT. YOU ARE BEING CHARGED A FEE FOR THIS SERVICE. YOU DO NOT HAVE TO ENTER INTO THIS CONTRACT TO MAKE A CLAIM FOR LOSS OR DAMAGE ON A POLICY OF INSURANCE.

Agreed and accepted this _____day of _____20___ at _____o'clock.

INSURED/POLICYHOLDER:

By: _____
Name of Insured or Authorized Agent

_____
Insured Print Name

_____
Address

_____
City/State/Zip

_____
Phone Number

_____
Email Address

PUBLIC INSURANCE ADJUSTER:

By: _____
Public Insurance Adjuster

_____
Public Insurance Adjuster Printed Name

_____
Public Insurance Adjuster License Number

_____
Public Insurance Adjuster Employer Number

_____
Public Insurance Adjuster mailing address

_____
Business (physical location)

Phone:_____
Fax:_____
Website:_____
Email:_____

_____ _____
Insurance Company Policy Number

IMPORTANT NOTICE: You may contact the Texas Department of Insurance to get information about public insurance adjusters, your rights as a consumer, or information about how to file a complaint by calling 1-800-252-3439: or you may write the Texas Department of Insurance at PO Box 149104, Austin, Texas 78714-9104, or contact the department via Fax 512-475-1771.

ADVISO IMPORTANTE: Puede communicarse con el Departamento de Seguros de Texas para obtener informacion acera ajustadores publicos de seguros, sus derechos como consumidor, o informacion sobre como presenter una queja llamando 1-800-252-3439; o puede escribir al Departamento de Seguros de Texas, en PO Box 149104, Austin, Texas 78714-9104, o comuniquese con el departamento a traves de Fax 512-475- 1771.