

J Consultants, Inc. dba Keystone Adjusting

535 Route 38 East Suite 355K
Cherry Hill, NJ 08002
Phone: 973-319-8983 Fax: (305) 913-2216
claims@keystoneadjusting.com
License #: 3002183588

NEW JERSEY PUBLIC ADJUSTER CONTRACT

Insured/s:		
Full Name:		Email:
Address:		
City:	State:	Zip:
Phone:		Cell:
LOSS INFORMATION		
Address:		
City:	State:	Zip:
Date of Loss:		Description of Loss:
Insurance Company:	Policy Number:	Claim Number:

A public adjuster is hereby retained by the above-named insured to advise and assist in the adjustment of a property damage insurance claim, which services may include evaluation, documentation, presentation, and negotiation of the insurance claim arising from the loss described herein. Policyholder/s named above, (collectively, "Insured") retains Keystone Adjusting, Public Adjuster ("Public Adjuster") as its exclusive public adjuster

Insured understands and agrees that Public Adjuster shall recover its fees based on the amount recovered from an insurance company for the loss. The amount of the Public Adjuster's fee shall be computed as follows: _____ percent (____ %) of all sums recovered under the insurance contract for this claim whether recovered by adjustment or otherwise from any source either prior to or after the date of this contract. The percentage fee of Public Adjuster shall be due from each draft or check issued by the insurance company in the percentage listed in this contract. All such payments shall be due within ten business days of insurer issuing a payment. Insured authorizes "Keystone Adjusting Public Adjuster" to be named as a co-payee on all drafts or checks pertaining to this loss. Insured also grants a security interest to Public Adjuster in payments issued by the insurer and processed by a mortgage company, and creates a lien, to the extent permitted by New Jersey law, on all insurance proceeds in the amount of any unpaid portion of Public Adjuster's fee and other amounts owed. Any services provided by the public adjuster shall be accounted for with the specific nature of the work performed supported by a record of that work.

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Insured understands and agrees that Insured is responsible for all costs and expenses incurred for the preparation and presentation of the claim for loss, damage, and recovery for the loss. Public Adjuster will obtain written authorization from Insured to pay such costs and expenses Public Adjuster deems necessary to pursue Insured's claim. Insured understands and agrees that such costs and expenses advanced by Public Adjuster on Insured's behalf are payable to Public Adjuster and shall be deducted from any recovery after fees for services are computed and paid to the Public Adjuster. If there is any recovery after the time of service by Public Adjuster, Public Adjuster will be entitled to recovery of all costs advanced in the processing of Insured's claim.

Insured shall confirm the accuracy and completeness of any and all information and documentation provided to Public Adjuster and any and all forms or other documents signed and/or provided to the insurance company for purposes of adjusting through the preparation and submission of a claim for loss or damage, and Insured agrees to cooperate with Public Adjuster, to be available for preparation of the claim, conferences, appraisal, and/or mediation, and to keep Public Adjuster fully informed of all matters relating to this loss. Insured acknowledges that Public Adjuster has made no guarantees regarding the disposition or results of any stage of the claims process and that all expressions made on behalf of Public Adjuster are the opinion of Public Adjuster based on information known at that time.

The Insured may cancel this contract before midnight of the third business day after signing the contract without obligation by completing the attached notice of right to cancel. After that time if the contract is terminated by the insured, the insured remains obligated to pay from any insurance proceeds recovered, either prior to or after the date of termination, a fee for the reasonable value of services provided by the public adjuster based upon the nature of services performed supported by a record of that work. *See attached Notice of Right to Cancel or Terminate for further explanation.*

Insured understands that Public Adjuster may determine from its investigation of their claim that its representation of Insured is either inappropriate or unwarranted. Under such circumstances, you, Insured, agree to abide by the decision of Public Adjuster to withdraw.

If Public Adjuster has terminated services on the ground that Insured breached an obligation owed to Public Adjuster under this Agreement, Public Adjuster will be entitled to the payment of its fee and any other amounts owed under this Agreement, in addition to any other remedies allowed by law. If Public Adjuster has terminated its services for any other reason, it may not be entitled to its fee but will be entitled to any other payments owed under this Agreement.

This contract contains all promises and agreements between Insured and Public Adjuster.

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The public adjuster's signature below is an attestation that such adjuster is fully bonded pursuant to New Jersey law and that his license is valid and in full force and effect as of the date of such signature.

Insured is signing this Agreement on Insured's own behalf and in any representative capacity appropriate to the circumstances. By executing below, Insured specifically agrees to be bound by this Agreement, including the provisions above which are incorporated herein for all purposes. Insured acknowledges receipt of a copy of this agreement and has read, understood, and agreed to its terms.

By: _____
Signature of Public Adjuster ____/____/____
Date. Time

Insured: _____
Signature of Insured ____/____/____
Date. Time

By: Joshua Solomon
Print Name of Public Adjuster

Insured: _____
Signature of Insured ____/____/____
Date Time

License #: 3002183588

NOTICE OF RIGHT TO CANCEL OR TERMINATE

Date of Contract: ____/____/____

Name of Insured/s: _____

You may cancel this contract, without further penalty or obligation, prior to midnight of the third business day after the above date. After that time, you may terminate this contract at any time. If you exercise your right to cancel this contract prior to midnight on the third business day, you will remain liable for reasonable expenses and necessary emergency out-of-pocket expenses or services the public adjuster incurred on your behalf that were necessary to protect your investment between signing of the contract and cancellation if the expenses or services were approved by you. If your public adjuster seeks reimbursement from you for such out-of-pocket expenses or services, your public adjuster shall provide you with an itemized statement of those expenses.

If you cancel, any money or anything of value given by you to the public adjuster under the contract will be returned within 10 business days following the receipt by the public adjuster of your cancellation notice, and any security interest arising out of the contract will be canceled.

If you terminate this contract after midnight on the third business day, you are obligated to pay from any insurance proceeds recovered, either prior to or after the date of termination, a fee for the reasonable value of services provided by the public adjuster based upon the nature of the services performed by the public adjuster supported by a record of that work. If your public adjuster seeks such payment from you for the reasonable value of such services, your public adjuster shall provide you with an itemized statement of those services and the record of such work.

To cancel this contract, mail, fax, email, or personally deliver a signed and dated copy of this notice, or any other written notice, indicating your intent to cancel and date of cancellation to the address of public adjuster shown at the top of the public adjuster contract, no later than midnight of ____/____/____. To terminate this contract after that time, mail, fax, email, or personally deliver a signed and dated copy of this notice, or any other written notice, indicating your intent to terminate and the date of termination.

I HEREBY CANCEL/TERMINATE THIS CONTRACT.

Insured: _____

Insured: _____

Adjuster: _____

Please Print Name Date: _____ ____/____/____