



672 Dogwood Avenue #245
 Franklin Square, New York 11010
 Fax: (718) 641-3404

Michael Maltaghati
 Phone: (917) 373-3103

Philip Maltaghati
 Phone: (646) 369-3099

Public Adjuster Compensation Agreement

 (Time and Date of Initial Contact)

_____ hereby retains **United Public Adjusters & Appraisers, 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 FEE WHICH TOTAL MORE THAN TWELVE AND 1/2 PERCENT OF THE RECOVERY FOR THE LOSS 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 OUR 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 INSURED

 SIGNATURE OF PUBLIC ADJUSTER OR
 LICENSED REPRESENTATIVE

 NAME OF INSURED (PRINT)

 ADDRESS OF INSURED

 (Time and 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 :UNITED PUBLIC ADJUSTERS AND APPRAISERS, INC. AT 672 DOGWOOD AVENUE #245, FRANKLIN SQUARE, NY 11010. NOT LATER THAN MIDNIGHT OF _____. I HEREBY CANCEL THIS TRANSACTION.

 Date

 Signature