

Anthony Reitano Group

Licensed by the New York State Insurance Department

ADJUSTERS OF LOSSES FOR THE INSURED

377 Oak Street
Executive Suite 3
Garden City, New York 11530
516-280-4396 Fax 516 280-4398

PUBLIC ADJUSTERS COMPENSATION AGREEMENT

_____ HEREBY RETAINS Anthony Reitano Group. to act or aid in the preparation, presentation, adjustment and negotiation of or effecting the settlement of the claim for loss or damage by _____ sustained at _____

On _____ and agrees to pay adjuster for such services a fee of ((TEN % (10)) percent of the amount of the loss including salvage when adjusted or otherwise recovered from the insurance companies.

NOTICE TO INSURED: PUBLIC ADJUSTER MAY NOT CHARGE ANY INSURED FEES WHICH TOTAL MORE THAN 12 1/2% OF THE RECOVERY FOR THE LOSS ADJUSTED BY SUCH ADJUSTER. THE FEE TO BE CHARGED UNDER THIS COMPENSATION AGREEMENT MAY BE NEGOTIATED BETWEEN THE PARTIES FOR LESS THAN 12 1/2%.

THE LOWER FEE THAN 12 1/2% MAY BE NEGOTIATED WITH YOUR PUBLIC ADJUSTER. YOU THE INSURED SHOULD DISCUSS THE AMOUNT OF THE FEE WITH YOUR 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 ANY EXPLANATION OF THIS RIGHT.

Anthony Reitano Group Inc. _____

INSURED:

BY; _____

X _____

TIME & DATE _____

TIME AND DATE OF INITIAL CONTACT IF DIFFERENT FROM ABOVE _____

NOTICE OF RIGHT TO CANCEL

YOU MAY CANCEL THIS CONTRACT, WITHOUT PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE ABOVE DATE. IF YOU CANCEL, ANYTHING OF VALUE GIVEN BY YOU UNDER THE CONTRACT WILL BE RETURNED WITHIN TEN 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. TO CANCEL THIS CONTRACT, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS NOTICE, OR TELEGRAM INDICATING CANCELLATION, AND DATE THERE OF NOT LATER THAN MIDNIGHT OF _____ TO:

Anthony Reitano Group Inc. 377 Oak Street Garden City, NY 11530
I HEREBY CANCEL THIS CONTRACT.

DATE: _____

INSURED _____