



14 Seventh Ave. N
St. Cloud, MN 56303

Date: _____

Public Adjusters Contract

Twin City Public Adjusting, LLC or their representative is hereby retained to advise and assist in the adjustment of the _____ insurance **Policy #** _____, Claim # _____, arising from loss by _____ **Peril** which occurred on the _____ day of _____, _____. The insured agrees to pay Twin City Public Adjusting, LLC for public adjusting services a contingent fee of _____ Ten _____ (____10____%) of the total replacement cost value (RCV) amount paid by the insurance company in settlement of this loss, including insured's deductible amount hereby assigning to the public adjuster 10% of all monies due or, to become due, from the insurance companies. We charge our 10% fee based on the full RCV amount paid. The fee shall be due after proceeds are issued by the insurance company for this loss.

Expenses. The client understands their claim may incur expenses. Expenses listed below will be discussed and authorized by client before incurring.

	Appraisal Fees.
	Expert Fees
	Attorney Fees
	Court Fees

The insured acknowledges receipt of a copy of this, Twin City Public Adjusting, LLC, contract. **DISCLAIMER OF GUARANTEE AND ESTIMATES.** Nothing in this Agreement and nothing in Twin City Public Adjusting, LLC statements to client will be construed as a promise or guarantee about the outcome of this claim. Twin City Public Adjusting, LLC, comments about the outcome of this matter are expressions of opinion only. This agreement contains the whole contract between the parties hereto and shall not be changed, altered, or amended. Twin City Public Adjusting, LLC has read and explained this contract to you in it's entirety.

Public Adjuster's Signature

Printed Name

MN License #
Send to:
Twin City Public Adjusting, LLC
14 Seventh Ave. N
St. Cloud, MN 56303

(970) 420 - 2303

Insured's Signature: X _____

Printed Name: _____

Address: _____

Phone Number: _____

Email Address: _____



14 Seventh Ave. N
St. Cloud, MN 56303

**"NOTICE OF CANCELLATION"
Public Adjusters Contract**

2014 Minnesota Statutes

72B.135 Public Adjusters.

Subdivision 1. **Insured's right to cancel.** An insured who has entered into a contract with a public adjuster involving the business for which the person was licensed, has the right to cancel the contract within 72 hours after the contract has been signed. Cancellation is evidenced by the insured giving written notice of cancellation to the public adjuster at the address stated in the contract. Notice of cancellation, if given by mail, is effective upon deposit in the mailbox, properly addressed to the public adjuster and postage prepaid. Notice of cancellation need not take a particular form and is sufficient if it indicates, by any form of written expression, the intention of the insured not to be bound by the contract.

Subdivision 2. **Writing required: notice of right to cancel; notice of cancellation.**

Before entering a contract referred to in subdivision 1, the public adjuster must;

(1) furnish the insured with a statement in boldface type of a minimum size of ten points, in substantially the following form:

"You, the insured, may cancel this contract at any time within 72 hours after the contract has been signed between the insured and the public adjuster. See attached notice of cancellation form for explanation of this right."; and

(2) furnish each insured, a fully completed form in duplicate, captioned, "NOTICE OF CANCELLATION," which shall be attached to the contract and easily detachable, and which shall contain in boldface type of a minimum size of ten points the following information and statements:

"NOTICE OF CANCELLATION"

(Enter date of contract)

If you do not want to go forward with the contract with the public adjuster, you may cancel the contract by mailing or delivering a signed and dated copy of this cancellation notice or any other written notice to (Twin City Public Adjusting, LLC), at (14 Seventh Ave. N St. Cloud, MN 56303), not later than midnight of (_____). If you cancel, any payments made by you under the contract will be returned within ten business days following receipt by the public adjuster or your cancellation notice.

I HEREBY CANCEL THIS TRANSACTION.

***Only sign if you wish to cancel!**

*
(Date)

(Insured's signature)

Subd. 3. **Return of payments; compensation.** Within ten days after a contract referred to in subdivision 1 has been cancelled, the public adjuster must tender to the insured any payments made by the insured and any note or other evidence of indebtedness.



14 Seventh Ave. N
St. Cloud, MN 56303
Fax (763) 486 - 1357

Date: _____

Letter of Representation

The undersigned has retained the services of **Kevin Baker, David Linder** and **Ken Zirul** of Twin City Public Adjusting, LLC to aid in the settlement of this claim with undersigned's insurer.

Please attach a copy of all correspondence to Twin City Public Adjusting, LLC at the address listed below. All parties are to recognize that the insured is in contract with Twin City Public Adjusting, LLC for 10% of the Replacement Cost Value as per final settlement of the undersigned claim.

*Please include Twin City Public Adjusting on all Insurance payments from this date forward.

Insured: Signed: **X**

Printed Name

Address:

Insurance Co:

Claim No:

Policy No:

Date of Loss:

Thank you for your time in this matter,

David Linder

(970) 420-2303

MN License # 40244467

Kevin Baker

(320) 980-4400

MN License # 40242393

Ken Zirul

(651) 354-2501

MN License # 40214832